

ENSV FY07
Inspection Transmittal Form

Today's Date:
11/26/2007

JWS for VJ
11/26/2007

INSPECTION ACTIVITY

Media RCRA	Type of Inspection CEI	Selection Criteria Complaint/Case Development	Compliance Officer Aycock, J	Inspection Date 11/07/2007
Inspector Whiting- D	Activity # 			

FACILITY INFORMATION

Facility Name Tri Rinse	ID Number MOR000505958	NAICS/SIC Code 561900		
Address 1402 2nd Street	City St. Louis	County St. Louis	State MO	ZIP
Facility Activity Rinsing containers. Crushing steel containers & selling for scrap.				

INSPECTION FINDINGS

NOV/NOPF Issued? ☒ Yes ☐ No ☐ N/A

Potential SNC? ☐ Yes ☒ No ☐ N/A

Preliminary Findings (briefly list regulatory deficiencies)

1. No written job descriptions for positions related to hazardous waste management.
2. No written description of hazardous waste management training.
3. Inadequate access to an alarm or communication device near the hazardous waste container storage area.
4. Inadequate aisle space in the hazardous waste container storage area.
5. No addresses of emergency coordinators in the contingency plan.
6. No physical description, location and capabilities of emergency equipment listed in the contingency plan.
7. One of four process work orders did not have a date of processing; MDNR requirement for RR0582.

MULTIMEDIA FINDINGS

MM Participating Program* 	MM Level 	MM Type 	Potential EJ? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
MM Screening completed? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	SBREFA handout provided? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
If yes, was MM Screening Checklist forwarded? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, who? > <input type="checkbox"/> CAA <input type="checkbox"/> EPCRA/TSCA <input type="checkbox"/> SPCC <input type="checkbox"/> CWA <input type="checkbox"/> UST <input type="checkbox"/> PWS <input type="checkbox"/> UIC <input type="checkbox"/> Wetlands <input type="checkbox"/> RCRA <input type="checkbox"/> CFC <input type="checkbox"/> EJ <input type="checkbox"/> All EMS? <input type="radio"/> Yes <input checked="" type="radio"/> No EMS ISO 14001 certified? <input type="radio"/> Yes <input checked="" type="radio"/> No			

* A=CAA, W=CWA, R=RCRA, E/T=EPCRA/TSCA,
U=UST, C=CFC, S=SPCC, U-I=UIC, Wet., PWS,
All, EMS = EMS



11/27
12/4/07

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* A=CAA, W=CWA, R=RCRA, E/T=EPCRA/TSCA,
U=UST, C=CFC, S=SPCC, U-I=UIC, Wet., PWS,
All, EMS = EMS

REPORT OF RCRA COMPLIANCE EVALUATION INSPECTION

At

TRI RINSE INCORPORED

1402 South 2nd Street
St. Louis, MO 63104-4424
Phone No.: (314) 558-4339
EPA I.D. NUMBER: MOR000505958

On

November 7-8, 2007

By

U.S. ENVIRONMENTAL PROTECTION AGENCY
Region VII
Environmental Services Division

INTRODUCTION

At the request of the Air and Waste Management Division (AWMD), a RCRA Compliance Evaluation Inspection (CEI) was conducted at Tri Rinse, Inc. in St. Louis, MO on 11/7-8/07. The CEI was conducted under the authority of Section 3007 of the Resource Conservation and Recovery Act (RCRA), as amended. The inspection was a Level B Multi-Media Inspection. A Multi-Media Screening Checklist is attached to this report (attachment 1). A Missouri Department of Natural Resources (MDNR) notification and waste stream information sheet is also attached (attachment 2). This narrative report and attachments present the results of the CEI.

PARTICIPANTS

Tri Rinse, Inc. (Tri Rinse):

Clinton Shocklee, Manager, Environmental, Health & Safety
Tim Shocklee, Owner
Glen Potter, Maintenance Supervisor
Mike Kamrath, Sales Manager

U.S. Environmental Protection Agency (EPA):

David N. Whiting, Environmental Engineer

Missouri Department of Natural Resources (MDNR):

Darren Bernat, Environmental Specialist III

INSPECTION PROCEDURE

Upon arrival at Tri Rinse, I contacted Mr. C. Shocklee and presented him my credentials. I explained to Mr. C. Shocklee the purpose of the CEI and the procedure I would follow, and discussed the confidentiality of business information with him. I explained to Mr. C. Shocklee my need to collect accurate information and left with him a copy of U.S. Federal Code Sections 1001 & 1002. The inspection consisted of a discussion of facility operations and waste management practices, and a visual examination of the facility. Mr. T. Shocklee accompanied me and Mr. C. Shocklee during the visual examination of the facility. Information collected during the CEI is recorded on data gathering sheets, which are referenced in the report. Photographs taken during the CEI are attached as inspection documentation (attachment 18). A photo log is included (attachment 17). At the conclusion of the inspection, I had an exit briefing with Mr. C. Shocklee. During the exit briefing, Mr. C. Shocklee acknowledged receipt of the following by his signature: a Notice of Violation, an Inspection Confidentiality Notice and a Receipt for Documents (attachments 3-5). No claim for confidential treatment of information was made during the inspection.

FACILITY DESCRIPTION

Tri Rinse rinses steel and plastic containers and then sells the containers for salvage value. Steel containers are rinsed, crushed and sold for scrap value. Plastic containers are rinsed, sorted into high density and low density polyethylene, shredded and sold for scrap value. Mr. C. Shocklee said that the containers they receive previously held a variety of materials before processing at Tri Rinse. Mr. C. Shocklee said that only 5% to 10% of the containers previously held pesticides. Mr. C. Shocklee said that they do not accept any containers which are not empty, but do accept containers which are not previously rinsed. Mr. C. Shocklee said that if non-empty containers are received, arrangements are made to have the containers sent back to where the containers originated. Mr. C. Shocklee said that no non-empty containers have been received since they began operations at this location in June 2007. Rinsing is done on different lines for different size containers and different types of containers. Containers range in size from 2.5-gallons to 55-gallons. Rinse water is recycled during the rinse process. Containers which previously held pesticides are triple rinsed. Mr. C. Shocklee said that all rinse wastewater from processing pesticide containers is managed as hazardous waste. Tri Rinse also has mobile rinse equipment on trailers, which can be transported to a an off-site location to process containers.

Tri Rinse is located on 15 acres in an industrial area of St. Louis near the Mississippi river (attachment 6). Tri Rinse owns a 235,000 square foot building on this site (attachment 7). Tri Rinse operates out of 100,000 square feet in this building and rents out the remaining space to two unaffiliated companies. About 40 employees staff operations one shift per day, five days per week.

FINDINGS AND OBSERVATIONS

Tri Rinse has notified as a large quantity generator of hazardous waste (LQG) and generates over 1,000 kilograms of hazardous waste each month. I inspected Tri Rinse as an LQG.

MDNR issued a Resource Recovery permit (RR0582) for Tri Rinse operations at the 1402 South 2nd Street location in August 2007 (attachment 8). Mr. C. Shocklee said that they started operations at this location in June 2007. The previous Tri Rinse Resource Recovery location at 5200 Manchester, RR0573, has been closed and sold. MDNR accepted closure certification of the previous Tri Rinse site in June 2007 (attachment 9).

Tri Rinse discharges rinse wastewater from containers which have not held pesticide to the sanitary sewer. Tri Rinse has an NPDES permit for storm water discharge (attachment 10).

Wastes

Hazardous container rinsate is generated when un-rinsed containers which previously held pesticide are processed (attachment 16 page 5). The facility has determined that the rinsate is an acute hazardous waste and manages the rinsate from the processing as an acute hazardous waste. Waste codes are determined by the pesticide which the container previously held. The Tri Rinse resource recovery application identifies ten acute hazardous waste codes: P039, P044, P050, P066, P070, P071, P127, P189 and P194. In addition, the RR0582 permit includes D001 and D002 as acceptable waste codes for processing. The hazardous rinsate is shipped to Vequaes Technical Solutions LLC in Sauget, IL for incineration (attachment 11). To-date, Tri Rinse has shipped off-site about 9,700 gallons of hazardous rinsate identified as a corrosive hazardous waste, D002. There are also 660 gallons of hazardous rinsate in storage, which are identified with a D002 waste code. To-date, Tri Rinse has shipped off-site about 4,665 gallons of hazardous rinsate identified with P-listed waste codes. Tri Rinse has received and processed un-rinsed containers which previously held pesticide four times at their current location (attachment 12). The method in use to document container processing is a dated work order. The work order for the container shipment received on 10/31/07 did not include a date of processing (attachment 12 pages 1-2). This is a violation of RR0582 permit approval item number five (NOV #7).

Used solvent is generated from one small parts washer in the maintenance department (attachment 16 page 5). The parts washer is on an eighteen week service interval by Safety-Kleen. About seven gallons of used solvent are generated at each service. The used solvent is recycled in Safety-Kleen's continued use program, which is acceptable in Missouri. The invoice for the used solvent still includes hazardous waste codes as an ignitable hazardous waste, D001 and a toxicity characteristic hazardous waste, D018, D039 and D040. The used solvent has been collected once, on 9/11/07 (attachment 13). The invoice showed collection of seven gallons of used solvent and identified Tri Rinse's generator status incorrectly as a conditionally exempt small quantity generator of hazardous waste. I called Mr. C. Shocklee's attention to this error and suggested that accurate generator status information should be included on the Safety-Kleen invoices.

RCRA Status

Tri Rinse is an LQG. During the last five months, Tri Rinse has generated about 10,360 gallons of corrosive hazardous waste and about 4,665 gallons of acute hazardous waste (attachment 11).

Large Quantity Generator Requirements

Manifests and LDR Notices

The use of manifests and land disposal restricted (LDR) waste notices is adequate (attachment 16 pages 6-7). I copied all manifests for shipments of hazardous waste rinsate shipped off-site and shipments of un-rinsed pesticide containers received (attachments 11 and 12).

Reporting and Record Keeping

Tri Rinse has submitted a generator's hazardous waste summary report and a facility summary report to MDNR (attachment 14).

Personnel Training

Hazardous waste management personnel training is inadequate in the following respects (attachment 16 page 8). There are no written job descriptions for positions related to hazardous waste management. This is a violation of 40 CFR 265.16(d)(2) (NOV #1). There is no written description of hazardous waste management training for employees in positions of hazardous waste management. This is a violation of 40 CFR 265.16(d)(3) (NOV #2).

Contingency Plan & Emergency Procedures

The contingency plan is inadequate in the following respects (attachment 16 page 9). The contingency plan does not include the addresses of emergency coordinators. This is a violation of 40 CFR 265.52(d) (NOV #5). The contingency plan does not include the location and physical description and capabilities of emergency equipment. This is a violation of 40 CFR 265.52(e) (NOV #6). I obtained a copy of the "Emergency Management Plan" which Mr. C. Shocklee presented as the Tri Rinse contingency plan (attachment 15).

Use & Management of Containers

There is a designated hazardous waste storage area inside the northwest corner of the building Tri Rinse occupies (attachment 7 page 1). The storage area is about 24 feet by 33 feet (attachment 16 pages 10-11). The storage area containment appeared adequate. There were 12 55-gallon containers of D002 waste in storage at this CEI. The storage containers were all dated, closed and marked "hazardous waste". The aisle space between and behind the containers was inadequate for inspection of the containers or access with spill response equipment (attachment 16 page 10, and attachment 18, photos 1-2). This is a violation of 40 CFR 265.34 (NOV #4). Mr. C. Shocklee said that the storage area is inspected at least weekly. The closest alarm to the container storage area is a fire alarm about 12 feet southeast of the storage area, near a door to the outside. Mr. C. Shocklee acknowledged that a fire alarm would not be used for a hazardous waste storage area emergency, unless it involved a fire (attachment 16 page 11). There is no other alarm or communication device at or near the hazardous waste container storage area. This is a violation of 40 CFR 265.34 (NOV #3).

There were no satellite accumulation containers because the rinsate is in process in the rinse water recycling tanks until container rinsing is completed. At that time, hazardous waste rinsate is pumped into storage containers.

Air Emission Standards under Subparts AA, BB and CC

Tri Rinse has not generated hazardous waste subject to Subparts AA, BB and CC at this location, to-date (attachment 16 page 12).

SUMMARY

At the exit interview I discussed the violations cited and the desirability of a facility representative to respond to the violations, in writing, within 14 days (attachment 16 page 13).



David N. Whiting
Environmental Engineer

Date: 11/23/07

Attachments

1. Region VII Multi Media Inspection Checklist (2 pages)
2. MDNR Notification and Waste Stream Information sheet (1 page)
3. Notice of Violation (2 pages)
4. Inspection Confidentiality Notice form (1 page)
5. Receipt for Documents (1 page)
6. Aerial photo of facility (1 page)
7. Facility diagrams (2 pages)
8. Storm water discharge permit (4 pages)
9. RR0582 approval letter (4 pages)
10. RR0573 closure certification acceptance (1 page)
11. Manifests for hazardous wastes shipped off-site (5 pages)
12. Pesticide containers received and process work orders (8 pages)
13. Spent solvent invoice (1 page)
14. Summary reports to MDNR (7 pages)
15. Emergency management plan (13 pages)
16. Inspection data gathering sheets (13 pages)
17. Photo log (1 page)
18. Photographs, 2 photos (1 page)

REGION VII MULTIMEDIA SCREENING CHECKLIST

Facility Name: Tri Rince, Inc.Facility Ownership: sameStreet: 1402 S. 2nd St.City: St. LouisState: MOZip: 63104Phone: (314) 647-8338 Facility Contact: Clint ShockleeNumber of Employees: ~40Work Hours/Shifts: 1sp. 5dpmFacility Subject to OSHA regulations Yes ☒ No ☐Inspector: David M. WhitingPrimary Media: RCRAInspector Phone Ext.: (314) 887-2618Date: 11/7/2007SIC/NAICS Code: 561900Main facility activity, major process chemical(s) & description: Rinsing containers (2.5 gal 55 gal) +salvage of rinsed containers. Scrap crushed steel drums & scrap shreddedplastic drums. Also repackaging material & have a mobil drum rinse capability.(Check all that apply): painting/coating (water-based ☐, solvent-based ☐) , printing ☐ , reacting ☐ , formulating ☐ , distilling ☐ ,
water treatment ☐ , refrigeration ☐ , manufacturing ☐ , parts washers/degreasing (water-based ☐ , halogenated-based ☐ ,
non-halogenated-based ☒) , combustion (boiler, furnaces, oxidizers) ☐ plating (chrome ☐ , other ☐).S-K 105 solvent

ENVIRONMENTAL JUSTICE (Note: Forward to EJ if a concern is identified during your inspection)

1. Is the facility located in an apparent low income area (e.g., with many abandoned and dilapidated properties)? No ☒ (stop) Yes ☐If yes, is facility less than 1000 feet from nearest routinely occupied property (house, school, etc.)? No ☐ (stop) Yes ☐ Forward to EJ

EMERGENCY PLANNING & COMMUNITY RIGHT TO KNOW ACT (EPCRA) & TOXIC SUBSTANCE CONTROL ACT (TSCA)

1. Did facility file a Tier II report with fire department, Local & State Emergency Planning Committee? Yes ☒ No ☐ Forward to EPCRA2. Did facility manufacture, import, or process (formulate, blend, package) >25,000 lbs of a chemical or >100 lbs of a Persistent Bioaccumulative
Toxin (lead, mercury, or polycyclic aromatic compounds) at any time over the last 5 years? No ☒ (stop) Yes ☐ Forward to EPCRA

3. Has the facility: If any box in question 3 is marked - Forward to EPCRA

a. Stored ≥500 lbs of ammonia ☐ , ≥100 lbs of chlorine ☐ , or ≥10,000 lbs of an industrial chemical ☐ , at any time over the last 2 years? ☐b. Stored ≥10,000 lbs of pressurized flammable material (propane, methane, butane, pentane, etc.) at any time over the last 2 years? ☐c. Used ≥10,000 lbs of ammonia ☐ , chlorine ☐ , halogenated solvents ☐ , solvent-based paints ☐ , or solvents ☐ , or nitrated compound,
over the last calendar year? ☐d. Generated ≥ one half pound of metal dusts, fumes, or metal turnings, over the last calendar year? ☐4. Does the facility have any oil filled electrical equipment No ☒ (stop) Yes ☐ Forward to TSCA and ask Has facility tested oil filled
equipment to determine PCB content; No ☐ Yes ☐ number containing PCBs greater than 50 ppm _____ and percent of all
equipment tested _____. Is equipment leaking (including wet or weeping equipment)? No ☐ Yes ☐ - Get Photo

CLEAN WATER ACT (CWA) - National Pollution Discharge Elimination System (NPDES), Industrial Pretreatment, Storm Water, & Wetlands

1. Does the facility discharge any wastewater to storm sewers, surface water, or the land? No ☐ (stop) Yes ☐If yes, are all wastewater discharges permitted? Yes ☒ No ☐ Forward to CWA2. Does the facility have process wastewaters that are discharged to a city POTW (Publicly Owned Treatment Works)? No ☐ (stop) Yes ☒If yes, are the discharges permitted by: State? ☐ , City? ☐ - If yes, Stop here. No ☐ Forward to CWAIf yes, does the city have a state or EPA approved pretreatment program? Yes ☐ No or Don't Know ☐ Forward to CWA3. During rainfall events, can storm water carry pollutants from manufacturing, processing, storage, disposal, shipping and receiving areas, or from
construction sites >1 acre, to storm sewers or surface water? No ☐ (stop) Yes ☐If yes, does the facility have an NPDES permit for these storm water discharges? Yes ☒ No ☐ Forward to CWA4. Did you see any wastewater discharges not identified by the facility? No ☐ (stop) Yes ☐ - Identify location, time, appearance of discharge:none observed (Get Photo) Forward to CWA5. Does the facility have any wetland areas (e.g. streams, ponds, or temporarily wet areas)? No ☒ (stop) Yes ☐

If yes, have any wetland areas been dredged, filled, channelized, dammed, or had gravel removed from them within the last 5 years?

No ☐ (stop) Yes ☐ - Identify location and timeframe (Get Photo) FWD to Wetlands

SAFE DRINKING WATER ACT (SDWA) - Underground Injection Control (UIC) & Public Water System (PWS)

1. Does facility discharge any liquids to the subsurface (septic systems, disposal wells, cesspools, etc.)? No ☒ (stop) Yes ☐ Forward to UIC
If yes, do these liquid wastes consist of sanitary wastewater only? Yes ☐ No ☒ *nmw*
2. Does facility provide drinking water to 25 people or more from its own source (private well, pond, etc.)? No ☐ (stop) Yes ☐ Forward to PWS
If yes, does the facility test or monitor its drinking water in order to comply with state regulations? Yes ☐ No ☐

CLEAN AIR ACT (CAA) and CFCs

1. Do you see any dense, non-steam, smoke or dust emissions leaving the facility property? No ☒ Yes ☐ Forward to CAA
Source _____ (Get Photo)
2. Does the facility have any new air pollution emitting equipment that was constructed or installed in the past 5 years? No ☐ (stop) Yes ☐
If yes, is equipment permitted? Yes ☐ No ☐ Forward to CAA Describe: product pour line area ventilation to outside & 1 small parts washer under Safety-Kleen lease maintenance
3. Does the facility have any cooling units that contain >50 lbs of refrigerant? No ☐ (stop) Yes ☐ Forward to CFC
If yes, are these units: Self-serviced? ☐ Contract Serviced? ☐ - Service Company: _____
4. Does the facility have a refrigeration process that contains more than 10,000 lbs of ammonia? No ☐ (stop) Yes ☐ Forward to EPCRA/RMP
5. Does the facility service motor vehicle air conditioning systems? No ☐ (stop) Yes ☐ Forward to CFC

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) and UNDERGROUND STORAGE TANKS (UST)

1. Does the facility generate more than 30-gallons (220 lbs./100kg) of hazardous waste per month or at any one time? No ☐ (stop) Yes ☐
If yes, does facility have an EPA Hazardous Waste Identification Number? Yes ☐ (stop) No ☐ Forward to RCRA
2. Is hazardous waste treated ☐ , stored >90-days ☐ , burned ☐ , land filled ☐ , put in surface impoundments ☐ or waste piles ☐ ?
No ☐ (stop) Yes ☐ If yes, is the facility permitted for above described activity? Yes ☐ No ☐ Forward to RCRA
3. Did you see or does the facility have any large quantities of materials that the facility claims to be non-hazardous waste material (>10 drums, roll-offs, waste piles, etc. - exclude clean office trash, cardboard, & packaging type wastes)? No ☐ (stop) Yes ☐
Material Claimed To Be Non-Hazardous How does the facility know these wastes are non-hazardous?
~10,000 gal/mo wash & wry Testing, industry or manuf. info., MSDS, etc. ☐ ; None available ☐ Forward to RCRA
non-reg & incinerated Testing, industry or manuf. info., MSDS, etc. ☐ ; None available ☐ Forward to RCRA
Testing, industry or manuf. info., MSDS, etc. ☐ ; None available ☐ Forward to RCRA
Testing, industry or manuf. info., MSDS, etc. ☐ ; None available ☐ Forward to RCRA
Testing, industry or manuf. info., MSDS, etc. ☐ ; None available ☐ Forward to RCRA
4. Did you see any leaking hazardous waste containers, drums, or tanks? No ☐ Yes ☒ Forward to RCRA
Describe: _____ *nmw* (Get Photo)
5. Did you see any signs of spills or releases (e.g., dead or stressed vegetation, stains, discoloration)? No ☐ Yes ☐ Forward to RCRA
Describe: _____ *nmw* (Get Photo)
6. Did you see any chemical or waste handling practices that concern you (access to children/public)? No ☐ Yes ☒ Forward to RCRA & EPCRA Describe: aisle space is minimal & need more (Get Photo)
7. Does the facility have any past or present underground petroleum product or hazardous material tanks? No ☒ Yes ☐ Forward to UST
8. Does the facility have any underground fuel tanks for emergency generators? No ☒ Yes ☐ Forward to UST

SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN (SPCC)

1. Does the facility have any aboveground oil tanks (petroleum, synthetic, animal, fish, vegetable), with an aggregate volume >1,320 gallons?
No ☒ (stop) Yes ☐ - Does the facility have a certified SPCC Plan? Yes ☐ No ☐ Forward to SPCC
If yes, are there secondary containment systems for the tanks? Yes ☐ No ☐ Forward to SPCC
If yes, are any tanks leaking where oil could reach waters of the State or U.S.? No ☐ Yes ☐ (Get Photo) Forward to SPCC

ENVIRONMENTAL MANAGEMENT SYSTEMS (EMS)

1. Does your facility have an EMS? No ☐ Yes ☒
2. Is the facility's EMS ISO 14001 certified? No ☒ Yes ☐

*** PLEASE TAKE PHOTOS TO DOCUMENT POTENTIAL PROBLEMS**

Version 08.23.05a

GRAY SHADED AREAS INDICATE ITEMS YOU NEED TO LOOK FOR DURING VISUAL INSPECTION

Notification And Waste Stream Information

Epa ID MOR000505958 Missouri ID 042402 Facility Status Large Quantity
Date EPA Id Issued 07/06/2007 Notification Update Was Received: 07/06/2007 Record Add/Changed: 07/09/2007
Company Name TRI RINSE INC
Facility Address 1402 S 2ND ST
ST LOUIS, MO 63104-4424 County ST LOUIS CITY
Latitude Decimal Format 0.000000 Longitude Decimal Format 0.000000
Method Of Collection Collection Site
Mailing Address 1402 S 2ND ST
ST LOUIS, MO 63104-4424
Contact Person/Position CLINTON SHOCKLEE Phone Number (314) 558-4339
Facility Owner TIMOTHY P SCHOCKLEE
Facility's Owner Address 1402 S 2ND ST
ST LOUIS, MO 63104
Owner's Phone Number (314) 647-8338 Owner Type Private
Property Owner's Name TP INVESTMENTS
Property Owner's Address 14-2 S 2ND ST
ST LOUIS, MO 63104
Property Owner's Phone Number (314) 647-8338 Property Owner Type Private
SIC Code 561900
☐ TSD Facility TSD Identification Number: ☐ Generator/Facility Information is Confidential
RCRA Identification Number: ☐ Large Quantity Handler Of Universal Waste

Registered EPA Hazardous Waste Numbers

P039	P044	P050	P070
P071	P094	P127	P189

P066 } Richard Hock said these two codes are included with the above
P094 } codes in the resource recovery application for RR05E2.
Dnw

Notice of Violation Pursuant to Requirements
of the Resource Conservation and Recovery Act (RCRA)

TO: Facility Name: Tri Rinse, Inc.
Address: 1402 S. 2nd St.
St. Louis, MO 63104-4424
EPA ID Number: MOR000505958 Date: 11/8/07

This notice is provided to call your attention to the following areas of noncompliance with state and federal regulations. This notice does not constitute a compliance order (Administrative Civil Complaint) pursuant to Section 3008 of RCRA and may not be a complete listing of all violations resulting from the the inspection.

Citation

Description of Violation

<u>40 CFR 265.16(d)(2)</u>	<u>No written job descriptions for positions</u>
<u>10 CSR 25-5.262(1)</u>	<u>related to hazardous waste management.</u>
<u>40 CFR 265.16(d)(3)</u>	<u>No written description of hazardous waste</u>
<u>10 CSR 25-5.262(1)</u>	<u>management training.</u>
<u>40 CFR 265.34</u>	<u>Inadequate access to an alarm or emergency</u>
<u>10 CSR 25-5.262(1)</u>	<u>communication device at the hazardous waste</u>
	<u>container storage area.</u>
<u>40 CFR 265.35</u>	<u>Inadequate aisle space around hazardous waste</u>
<u>10 CSR 25-5.262(1)</u>	<u>containers in the storage area.</u>
<u>40 CFR 265.52(d)</u>	<u>Contingency plan does not include the addresses</u>
<u>10 CSR 25-5.262(1)</u>	<u>of the emergency coordinators.</u>
<u>40 CFR 265.52(e)</u>	<u>Contingency plan does not include the location and</u>
<u>10 CSR 25-5.262(1)</u>	<u>physical description and capabilities of emergency equipment.</u>

You are requested to submit a written response within **14 calendar days** of receipt of this notice. Your response should include a description of all corrective actions taken and/or a schedule for completing the necessary corrective actions. The response should be submitted to:

U. S. Environmental Protection Agency, Region VII
David N. Whiting
922 Walnut St.
Iowa City, IA 52240
ATTN: _____

If you have any questions about this Notice or wish to discuss your response, you may call me at
(319) 897-2618, or Jim Aycock (Compliance Officer) at
(913) 551-7887.

This Notice prepared by David N. Whiting Date: 11/8/07

The undersigned person acknowledges that he/she has received a copy of this Notice and has read same.

Printed Name: Chalon Shacklee Date: 11-8-07
Signature: [Signature]
Title: FHSD

Notice of Violation Pursuant to Requirements
of the Resource Conservation and Recovery Act (RCRA)

TO: Facility Name: Tri Rinse Inc.
Address: 1402 S. 2nd St.
St. Louis, MO 63104-4424
EPA ID Number: MOR 000505958 Date: 11/8/07

This notice is provided to call your attention to the following areas of noncompliance with state and federal regulations. This notice does not constitute a compliance order (Administrative Civil Complaint) pursuant to Section 3008 of RCRA and may not be a complete listing of all violations resulting from the the inspection.

Citation

Description of Violation

RR0582 Certification
Approval item No. 5

One of four processing work orders
did not include the date of processing.

You are requested to submit a written response within **14 calendar days** of receipt of this notice. Your response should include a description of all corrective actions taken and/or a schedule for completing the necessary corrective actions. The response should be submitted to:

U. S. Environmental Protection Agency, Region VII

David N. Whiting
922 Walnut St.
Iowa City, IA 52240
ATTN: _____

If you have any questions about this Notice or wish to discuss your response, you may call me at
(219) 887-2618, or Jim Aycock (Compliance Officer) at
(913) 557-7867.

This Notice prepared by David N. Whiting Date: 11/8/07

The undersigned person acknowledges that he/she has received a copy of this Notice and has read same.

Printed Name:
Signature:
Title:

Chlori Shocklee Date: 11-5-07
[Signature]
FHSD

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name <i>Tri-Rinse, Inc.</i>	
Facility Address <i>1402 S. 2nd St., St. Louis, MO 63104-4424</i>	
Inspector (print) <i>David M. Whiting</i>	
U.S. EPA, Region VII, 901 N. 5th St., Kansas City, KS 66101	Date <i>11/8/07</i>

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. No statute specifically requires disclosure of the information.
3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

I have received this Notice and <u>DO NOT</u> want to make a claim of confidentiality at this time.	
Facility Representative Provided Notice (print) <i>Clinton Shocklee</i>	Signature/Date <i>Clinton Shocklee 11/8/07</i>

I have received this Notice and <u>DO</u> want to make a claim of confidentiality.	
Facility Representative Provided Notice (print)	Signature/Date

Information for which confidential treatment is requested:

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name <u>Tri Rinse, Inc.</u>
Facility Address <u>1402 S. 2nd St., St. Louis, MO 63104-4424</u>

Documents Collected? YES ☒ (list below) NO ☐

Samples Collected? YES ☐ (list below) NO ☒ Split Samples: YES ☐ NO ☐

Documents/Samples were: 1) Received no charge ☒ 2) Borrowed ☐ 3) Purchased ☐

Amount Paid: \$ Method: Cash ☐ Voucher ☐ To Be Billed ☐

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

- 1) Emergency management plan (13 pages)
- 2) Manifests & one LDR notice for wastes shipped off-site (4 pages)
- 3) Two manifests for wastes shipped off-site from 5200 Manchester (2 pages)
- 4) Manifests & processing work orders for hazardous waste received (8 pages)
- 5) Generator's hazardous waste summary report, excerpt (3 pages)
- 6) Facility summary report, excerpt (4 pages)
- 7) Closure certification for 5200 Manchester - RR0573 (1 page)
- 8) NPDES permit (4 pages)
- 9) Safety-Kleen invoice (1 page)

Facility Representative (print) <u>Clinton Shackle</u>	Signature/Date <u>[Signature]</u> 11/8/07
Inspector (print) <u>David N. Whiting</u>	Signature/Date <u>[Signature]</u> 11/8/07
U.S. EPA, Region VII, 901 N. 5th Street, Kansas City, KS 66101	

(rev: 1/20/93)

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 **USGS St. Louis, Missouri, United States** 22 Mar 2002



0 50 m

0 50 yd

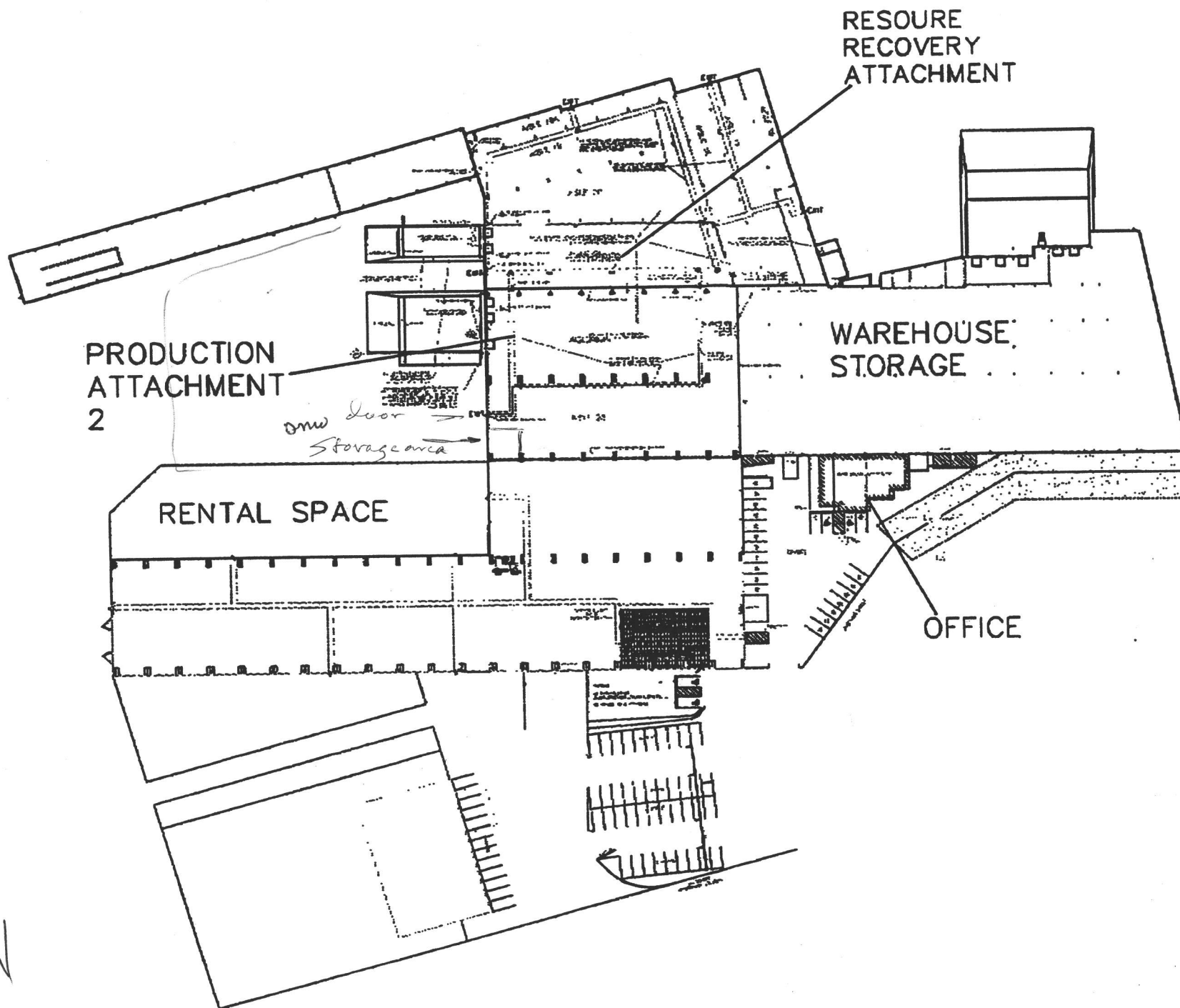
Image courtesy of the U.S. Geological Survey

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[Privacy Statement](#)

ATTACHMENT 6 Page 1 of 1



RECEIVED

JUL 31 2007

HAZARDOUS WASTE PROGRAM
MO DEPT. OF NATURAL RESOURCES

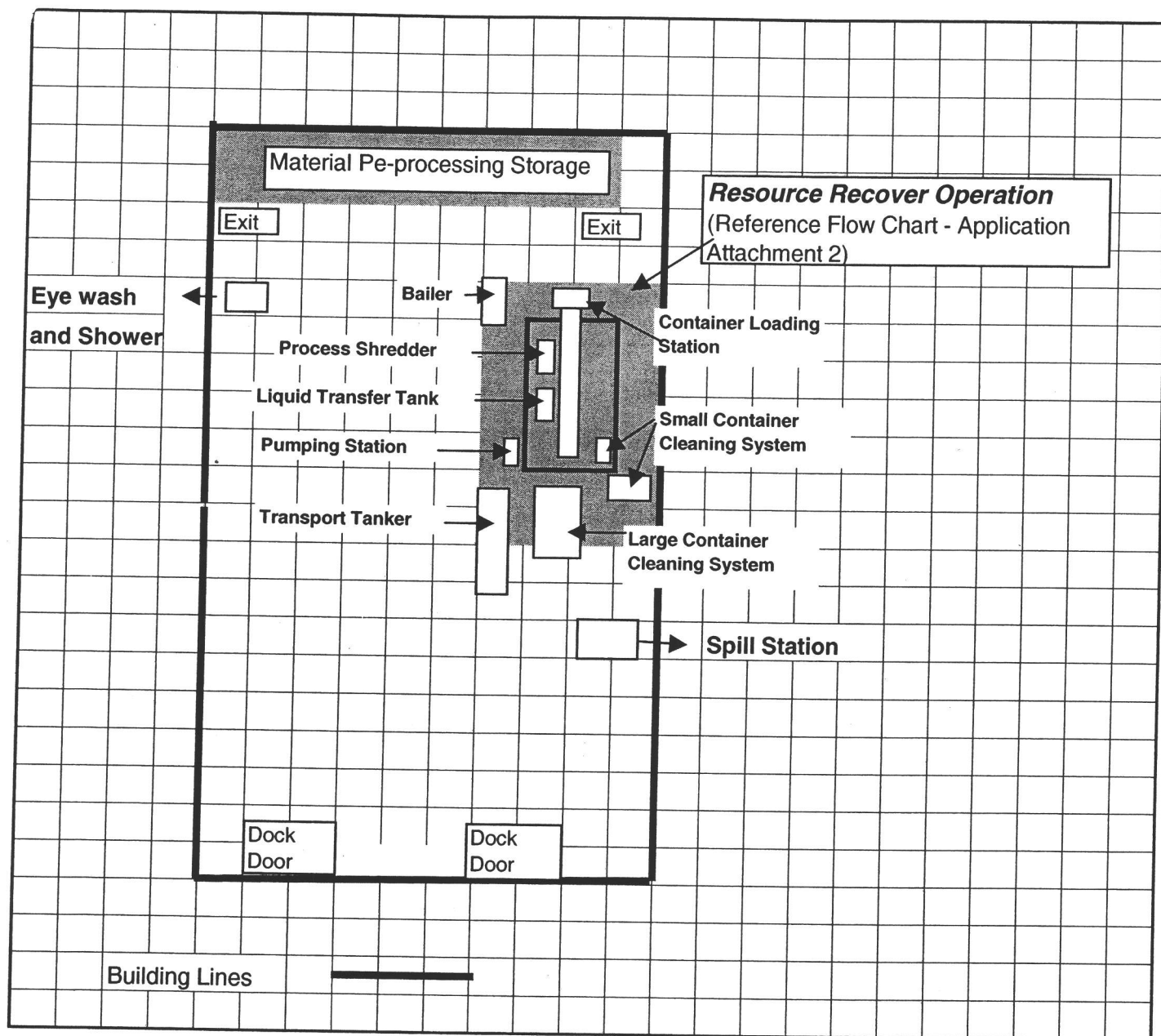


FIGURE 2
RESOURCE RECOVERY Y SYSTEM
TRI-RINSE
7-14-2007

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
MISSOURI CLEAN WATER COMMISSION



MISSOURI STATE OPERATING PERMIT
GENERAL PERMIT

In compliance with the Missouri Clean Water Law, (Chapter 644 R.S. Mo. as amended, hereinafter, the Law), and the Federal Water Pollution Control Act (Public Law 92-500, 92nd Congress) as amended,

Permit No.: MO-R80H000

is authorized to discharge from the facility described herein, in accordance with the effluent limitations and monitoring requirements as set forth herein:

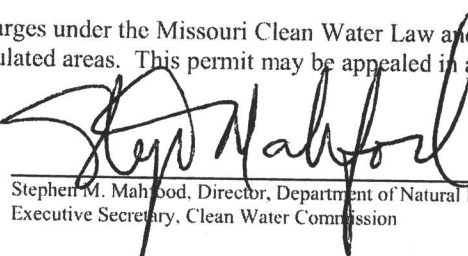
FACILITY DESCRIPTION

All Outfalls

Solid waste transfer stations, SIC 4953; and solid waste recovery facilities, SIC 5093. Stormwater discharge only.

This permit authorizes only wastewater, including storm waters, discharges under the Missouri Clean Water Law and the National Pollutant Discharge Elimination System; it does not apply to other regulated areas. This permit may be appealed in accordance with Section 644.051.6 of the Law.

February 6, 2004
Effective Date


Stephen M. Mahood, Director, Department of Natural Resources
Executive Secretary, Clean Water Commission

February 5, 2009
Expiration Date

Jim Hull, Director, Water Pollution Control Program

REQUIREMENTS

Note: These requirements do not supersede nor remove liability for compliance with county and other local ordinances.

1. General Criteria. The following water quality criteria shall be applicable to all waters of the state at all times including mixing zones. No water contaminant, by itself or in combination with other substances, shall prevent the waters of the state from meeting the following conditions:
 - (a) Waters shall be free from substances in sufficient amounts to cause the formation of putrescent, unsightly or harmful bottom deposits or prevent full maintenance of beneficial uses.
 - (b) Waters shall be free from oil, scum and floating debris in sufficient amounts to be unsightly or prevent full maintenance of beneficial uses.
 - (c) Waters shall be free from substances in sufficient amounts to cause unsightly color or turbidity, offensive odor or prevent full maintenance of beneficial uses.
 - (d) Waters shall be free from substances or conditions in sufficient amounts to result in toxicity to human, animal or aquatic life.
 - (e) There shall be no significant human health hazard from incidental contact with the water.
 - (f) There shall be no acute toxicity to livestock or wildlife watering.
 - (g) Waters shall be free from physical, chemical or hydrologic changes that would impair the natural biological community.
 - (h) Waters shall be free from used tires, car bodies, appliances, demolition debris, used vehicles or equipment and solid waste as defined in Missouri's Solid Waste Law, section 260.200, RSMo, except as the use of such materials is specifically permitted pursuant to section 260.200-260.247.
2. All paint, solvents, petroleum products, and petroleum waste products (see item #4 on fuels), and storage containers (such as drums, cans, or cartons) shall be stored so that these materials are not exposed to storm water. Spill prevention, control, and/or management shall be provided sufficient to prevent any spills of these pollutants from entering waters of the state. Any containment system used to implement this requirement shall be constructed of materials compatible with the substances contained and shall also prevent the contamination of groundwater.
3. Good housekeeping practices shall be maintained on the site to keep solid waste from entering waters of the state.
4. All fueling facilities present on the site shall adhere to applicable federal and state regulations concerning underground storage, above ground storage, and dispensers, including spill prevention, control and counter measures.
5. Substances regulated by federal law under the Resource Conservation and Recovery Act (RCRA) or the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) that are transported, stored, or used for maintenance, cleaning or repair shall be managed according to the provisions of RCRA or CERCLA.
6. An individual shall be designated by the permittee as responsible for environmental matters. Staff of the permitted facility shall inspect, on workdays, any structures that function to prevent pollution of storm water or to remove pollutants from storm water and of the facility in general to ensure that any Best Management Practices are continually implemented and effective.
7. All involved personnel shall be trained in material handling and storage, and housekeeping of maintenance areas. Upon request, proof of training shall be submitted to the Department.

SAMPLING REQUIREMENTS

The permittee shall sample storm water runoff during a precipitation event or snowmelt, which causes a discharge. If no discharge occurs during the months specified for sampling, report as a no-discharge. Results of sampling shall be maintained by the permittee for five years and shall be supplied to the Department of Natural Resources as outlined in Part A on Page 6. If the results show a violation of the effluent limitations, the permittee shall notify the Department of Natural Resources as outlined within five days of the permittee's notification of analytical results. The notification shall indicate the date(s) samples were collected, the analytical results, permit number and shall describe what steps have been taken to eliminate the violation in the future. A repeat sample shall be collected of storm water runoff resulting from the next rainfall greater than 0.3 inches after a violation has been reported. This sample shall be analyzed and this data shall also be submitted to the Department of Natural Resources.

PERMIT TRANSFER

This permit may be transferred to a new owner by submitting an "Application for Transfer Of Operating Permit" completed and signed by the seller and buyer of the facility, along with the appropriate modification fee.

TERMINATION OF PERMIT

If activities covered by this permit have ceased and no significant material remains on site and this permit no longer applies, the permittee shall request termination of this permit. The permittee shall submit Form H, Termination of a General Permit.

DUTY OF COMPLIANCE

The Permittee shall comply with all conditions of this general permit. Any noncompliance with this general permit constitutes a violation of Chapter 644, Missouri Clean Water Law, and 10 CSR 20-6.200. Noncompliance may result in enforcement action, termination of this authorization, or denial of the permittee's request for renewal.

Date of Fact Sheet: November 26, 2003

Date of Public Notice: December 19, 2003

FACT SHEET

General Permit

Solid Waste Transfer Stations

NPDES No. MO-R80H000

The Federal Water Pollution Control Act ("Clean Water Act" Section 402 Public Law 92-500 as amended) established the National Pollutant Discharge Elimination System (NPDES) permit program. This program regulates the discharge of pollutants from point sources into the waters of the United States, and the release of stormwater from certain point sources. All such discharges are unlawful without a permit (Section 301 of the "Clean Water Act"). After a permit is obtained, a discharge not in compliance with all permit terms and conditions is unlawful. Permits in Missouri are issued by the Director of the Department of Natural Resources under an approved program, operating in accordance with federal and state laws (Federal "Clean Water Act" and "Missouri Clean Water Law" Section 644 as amended).

State Programs have the authority to issue general permits to sources of discharge if the Director feels that a general permit appropriately controls the discharge. Storm water from solid waste transfer stations, SIC code 4953 and solid waste recovery facilities, SIC Code 5093, is a point source, and consequently is subject to permit requirements. Because the discharges authorized by this permit covers facilities which: involve the same or substantially similar types of operations; discharge the same types of waste waters; require the same operating conditions; or require the same monitoring; the Department has determined that under the requirements for General Permits, the discharges authorized by this permit are eligible for a general permit.

The proposed general permit is for discharge of water from solid waste transfer stations and solid waste recovery stations located within the state of Missouri. This proposed permit would allow the discharge of storm water that meets the limitations specified in this permit. Please note that this permit does not cover landfills. Facilities that are only operating a truck fleet need to apply for General Permit MO-R80C, Motor Freight Transportation. The treatment system, if needed, will vary from site to site dependent upon waste characteristics, concentration, and receiving stream standards.

The 10 CSR 20-7.031 Missouri Water Quality Standards, Missouri Department of Natural Resources (the Department) "defines the Clean Water Commission water quality objectives in terms of water uses to be maintained and the criteria to protect those uses." The receiving stream's beneficial water uses to be maintained have been assumed to be: livestock watering, wildlife watering, and protection of aquatic life.

To protect these beneficial uses and the water quality of the receiving stream, effluent limitations are being established under federal and state laws and Best Management Practices (BMPs) are required.

This permit will expire five (5) years from the date of issuance.



Matt Blunt, Governor • Doyle Childers, Director

DEPARTMENT OF NATURAL RESOURCES

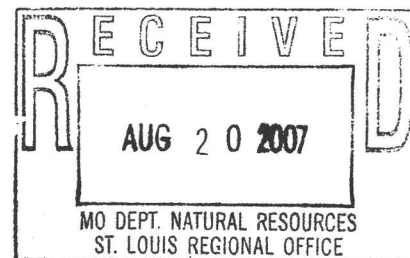
www.dnr.mo.gov

August 17, 2007

CERTIFIED MAIL – 7004 1160 0000 8176 7185
RETURN RECEIPT REQUESTED

Mr. Clint Shocklee
Tri-Rinse, Incorporated
1402 South Second Street
St. Louis, MO 63104

RE: Tri-Rinse, Incorporated
Approved Resource Recovery Certification RR0582
Classification – R2



Dear Mr. Shocklee:

This letter is to inform you that the Missouri Department of Natural Resources' Hazardous Waste Program (HWP) has completed a review of the Tri-Rinse, Inc.'s application, dated March 13, 2007, and supporting documents dated July 18, 2007, and July 31, 2007, for resource recovery certification. This letter, as well as the approved resource recovery certification and applicable regulations, should be maintained together at the facility and reviewed often to determine compliance with the plans, processes, terms, and conditions of this certification. If discrepancies are found during this review, Tri-Rinse, Inc., should make immediate corrections and contact the necessary authority to ensure compliance.

The department hereby certifies for resource recovery, Tri-Rinse, Inc., St. Louis, Missouri, to recover off-specification materials from off-site sources, in accordance with conditions 1 through 12 below:

1. The owner/operator shall comply with 10 CSR 25-9.020, and all plans and processes described in the approved resource recovery application. The resource recovery regulations may be found on the internet at <http://www.sos.state.mo.us/adrules/csr/current/10csr/10c25-9.pdf>.
2. The owner/operator shall only receive and process hazardous waste that is characterized by hazardous waste codes D001 and D002, and various empty containers characterized as P-listed waste. This does not preclude the receipt/processing of "off-specification" materials that are not hazardous waste. Should the owner/operator propose to receive any



other hazardous waste stream for processing in the resource recovery operation, Tri-Rinse must submit a request to the department for a modification to the resource recovery certification. This change would be considered a major change of the facility operation in accordance with 10 CSR 25-9.020(3)(E) 1., and would require submission of a written request to the department, at least 60 days prior to the proposed date of the change.

3. If the owner/operator receives a material as a hazardous waste for processing under the resource recovery certification, and the end user of the reclaimed material is not one of the generator's facilities or affiliates, Tri-Rinse must obtain written approval from the department for each proposed material destination and end use. This approval request shall contain the following:
 - a. the name and address of the generator of the hazardous waste,
 - b. the name of the hazardous waste and corresponding waste codes,
 - c. a detailed description of the proposed end use of the material once it is processed, and
 - d. the name and address of the proposed end user.

Tri-Rinse must request approval for this activity at least 60 days prior to the proposed date of receipt of the hazardous waste.

4. If the owner/operator receives a material as a hazardous waste for processing under the resource recovery certification, the following activities are excluded as possible end uses of that material:
 - a. the material could not be sent to a hazardous waste disposal facility to be treated in any way or used as a fuel,
 - b. the material could not be sent to a landfill for use constituting disposal, and
 - c. the end use could not be such that the material would be applied to the land unless Tri-Rinse receives written approval from the department for such application.

Tri-Rinse must request approval for this activity at least 60 days prior to the proposed date of receipt of the hazardous waste.

5. Materials received by the owner/operator as "off-specification" or otherwise unusable by the generator in the state they exist are considered solid (and potentially hazardous) wastes. Please note that pursuant to 10 CSR 25-6.263(2)(A) 10.I., Tri-Rinse will not be acting as a transfer facility, and that the resource recovery certificate does not grant any ability to store hazardous wastes. Any hazardous waste received by Tri-Rinse must be processed within 24 hours of receipt. If Tri-Rinse receives hazardous waste without a manifest, that shipment of material must be either returned to the generator, or if Tri-Rinse can properly process the waste, the owner/operator may accept the load and submit an unmanifested

Mr. Clint Shocklee
Page Three

waste report to the department and take appropriate action such that they do not receive unmanifested hazardous waste from that source in the future. This condition does not apply to "off-specification" materials that are not hazardous wastes. The "off-specification" wastes that are not hazardous wastes shall be stored/managed in compliance with applicable federal, state, and local regulations.

6. The owner/operator must comply with all applicable requirements of Land Disposal Restriction Regulations in accordance with 40 CFR Part 268.
7. The owner/operator shall document, within 30 days of receipt of this letter, contact with the City of St. Louis, Division of Air Pollution Control, Permitting Section, by telephone at (314) 613-7300 to verify compliance with all federal, state, and local regulations concerning air emissions.
8. The owner/operator shall comply with the regulations regarding modification of the resource recovery facility given by 10 CSR 25-9.020(3)(E)(1) and the general operating requirements for all resource recovery facilities given by 10 CSR 25-9.020(3)(E).
9. 10 CSR 25-9.020(3)(E)(1) requires the owner/operator to submit a written request to the HWP for approval at least 60 days prior to closure (a major modification of the certification per 10 CSR 25-9.020(3)(E)) of the resource recovery process. A plan addressing the disposition of the process equipment and any associated hazardous wastes (including hazardous waste residues from decontamination of the unit) and detailed decontamination and sampling procedures shall accompany the written notification of closure per 10 CSR 25-9.020(3)(E)(1)(A) and 10 CSR 25-9.020(3)(E)(1)(B).
10. The owner/operator shall maintain a containment system for the process equipment that meets the standards found at 40 CFR 265.193.
11. The owner/operator shall submit quarterly reports to the program. The forms for such reports is found on the internet at <http://www.dnr.mo.gov/forms/780-1097.pdf> and <http://www.dnr.mo.gov/forms/780-0408.pdf>.
12. The owner/operator shall submit a renewal application at least 90 days before the expiration date of this certification. This certification shall expire on August 17, 2009.

Submit all required documentation to:

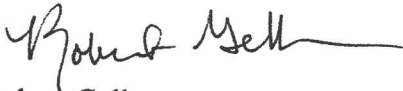
Attention: Resource Recovery Facility Engineer
Missouri Department of Natural Resources
Hazardous Waste Program, Permits Section
P.O. Box 176
Jefferson City, MO 65102-0176

Mr. Clint Shocklee
Page Four

If you have any questions regarding this letter, please contact Mr. Richard Hock,
Environmental Engineer, at the Missouri Department of Natural Resources, Hazardous Waste
Program, P.O. Box 176, Jefferson City, MO 65102-0176, or by phone at (573) 751-3553.

Sincerely,

HAZARDOUS WASTE PROGRAM



Robert Geller
Director

RG:rha

Enclosures

c: City of St. Louis, Division of Air Pollution Control, Permitting Section
St. Louis Regional Office ✓



Matt Blunt, Governor • Doyle Childers, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

June 12, 2007

CERTIFIED MAIL - 7001 2510 0005 3345 4046
RETURN RECEIPT REQUESTEDMr. Clinton P. Shocklee
Environmental Manager
Tri-Rinse, Inc.
P.O. Box 15191
St. Louis, MO 63110RE: Notification of Closure of Resource Recovery Facility, RR0573
Classification - R2

Dear Mr. Shocklee:

The Hazardous Waste Program has received and reviewed the following documents dated June 7, 2007, and June 12, 2007. The first document contained sampling results from the containment area where the resource recovery activities took place. The second document contained the necessary steps taken from start to finish regarding closure of the certified resource recovery (RR0573) process and containment area.

From the information submitted, the decontamination of the resource recovery equipment, and the final disposition of the process and containment area is sufficient to meet the requirements of closure under the resource recovery certification RR0573. The department accepts this documentation as proof of closure. The department also wishes to be clear that no further action is required for the resource recovery unit and associated containment area located at 5200 Manchester, St. Louis, MO 63110. Resource recovery certification RR0573 is hereby terminated at this site.

If you have any questions regarding this letter, please contact Mr. Richard Hock, Environmental Engineer, at the Missouri Department of Natural Resources, Hazardous Waste Program, P.O. Box 176, Jefferson City, MO 65102-0176, or by phone at (573) 751-3553.

Sincerely,

HAZARDOUS WASTE PROGRAM

A handwritten signature in black ink, appearing to read "Richard A. Nussbaum", is written over the typed name.

Richard A. Nussbaum, P.E., R.G.
Chief, Permits Section

RAN:rhs

c: St. Louis Regional Office



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number N O P O D D 5 0 5 0 5 8	2. Page 1 of	3. Emergency Response Phone (877) 818-0007	4. Manifest Tracking Number 000251217 VES	
5. Generator's Name and Mailing Address TRI RINSE INC 1402 SOUTH 2ND STREET SAINT LOUIS MO 63104 Generator's Phone: 314 647-8738		Generator's Site Address (if different than mailing address)				
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS LLC		U.S. EPA ID Number N J D O B D 6 3 1 3 8 0			U.S. EPA ID Number	
7. Transporter 2 Company Name		U.S. EPA ID Number			U.S. EPA ID Number	
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS LLC #7 MOBILE AVE SAUGEI IL 62201 Facility's Phone: (618) 271-2604		U.S. EPA ID Number I I D O B B 4 2 4 2 4				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. HAZARDOUS WASTE, LIQUID, N O S, 9 NA3082 III, (DISULFOTON)	16	DF	880	G	P039
X	2. HAZARDOUS WASTE, LIQUID, N O S, 9 NA3082 III, (METHOMYL)	9	DF	495	G	P066
X	3. WASTE ORGANOPHOSPHORUS PESTICIDES, SOLID, TOXIC, 6 1, UN2783 II, RQ(PHORATE)	49	DF	2795	G	P094
X	4. WASTE CARBAMATE PESTICIDE, LIQUID, TOXIC, 6 1, UN2982 II (OXAMYL)	9	DF	495	G	P104
14. Special Handling Instructions and Additional Information 1 330470 2 330470 3 330471 4 330470						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name DAN HODGES		Signature Dan Hodges		Month Day Year 11 05 07		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name FRED ARNOLD		Signature Fred Arnold		Month Day Year 11 05 07		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: U.S. EPA ID Number						
18b. Alternate Facility (or Generator)						
Facility's Phone:		Month Day Year				
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature		Month Day Year		

ATTACHMENT

Page 1 of 5

Generator Name: TRI RINSE

LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM PHASE IV

EPA ID#: msl000505958

State Manifest No. 000251217VES

1. If waste is a wastewater (see 40 CFR 268.2) place "w" next to the applicable code(s)

Profile # _____

2. CODES WITH SUBCATEGORIES (Place appropriate letter from section 8 before each code that applies) (See 40 CFR 268 for details)

<input type="checkbox"/> D001 Hi-TOC	<input type="checkbox"/> D008 Lead acid batteries	<input type="checkbox"/> K069 Not Calcium Sulfate	<input type="checkbox"/> P065 Lo RMERC Res.	<input type="checkbox"/> U151 Hi Hg
<input type="checkbox"/> D001 Except Hi-TOC	<input type="checkbox"/> D009 Organic Hg>260 ppm	<input type="checkbox"/> K071 RMERC Res.	<input type="checkbox"/> P065 Not Inc./RMERC Res.	<input type="checkbox"/> U240 2,4 D
<input type="checkbox"/> D003 Reactive Cyanide	<input type="checkbox"/> D009 Inorg. Hg>260	<input type="checkbox"/> K071 Not RMERC Res.	<input type="checkbox"/> P065 Hi Inc./RMERC Res.	<input type="checkbox"/> U240 2,4 esters & Salts
<input type="checkbox"/> D003 Reactive Sulfide	<input type="checkbox"/> D009 Hg<260	<input type="checkbox"/> K106 Lo RMERC Res.	<input type="checkbox"/> P092 Lo Inc. Res.	
<input type="checkbox"/> D003 Explosive	<input type="checkbox"/> F025 Light ends	<input type="checkbox"/> K106 Not RMERC Res.	<input type="checkbox"/> P092 Lo RMERC Res.	
<input type="checkbox"/> D003 Water Reactives	<input type="checkbox"/> F025 Spent filter	<input type="checkbox"/> K106 > 260 ppm Hg	<input type="checkbox"/> P092 Not Inc./RMERC Res.	
<input type="checkbox"/> D003 Unexp Ord. Emg	<input type="checkbox"/> K006 Hydrated	<input type="checkbox"/> P047 Salts	<input type="checkbox"/> P092 Hi Inc./RMERC Res.	
<input type="checkbox"/> D003 Other Reactives	<input type="checkbox"/> K006 Anhydrous	<input type="checkbox"/> P047 NonSalts	<input type="checkbox"/> U151 Lo Not RMERC Res.	
<input type="checkbox"/> D006 Batteries	<input type="checkbox"/> K069 Calcium Sulfate	<input type="checkbox"/> P065 Lo Inc. Res.		

The subcategory for D018-D043 waste is "treated in non CWA/nonSDWA facility" unless the following box is checked: ☐ "treated in CWA/SDWA facility"

3. COMMON CODES (Place appropriate letter from section 8 before each code that applies)

<input type="checkbox"/> D002	<input type="checkbox"/> P012	<input type="checkbox"/> P030	<input type="checkbox"/> P051	<input type="checkbox"/> P098	<input type="checkbox"/> P105	<input type="checkbox"/> P205	<input type="checkbox"/> F006	<input type="checkbox"/> F007	<input type="checkbox"/> F008	<input type="checkbox"/> F009	<input type="checkbox"/> F010	<input type="checkbox"/> F011	<input type="checkbox"/> F012	<input type="checkbox"/> F019	<input type="checkbox"/> F039
<input type="checkbox"/> D004	<input type="checkbox"/> D005	<input type="checkbox"/> D006	<input type="checkbox"/> D007	<input type="checkbox"/> D008	<input type="checkbox"/> D009	<input type="checkbox"/> D010	<input type="checkbox"/> D011	<input type="checkbox"/> D012	<input type="checkbox"/> D013	<input type="checkbox"/> D014	<input type="checkbox"/> D015	<input type="checkbox"/> D016	<input type="checkbox"/> D017	<input type="checkbox"/> D018	<input type="checkbox"/> D019
<input type="checkbox"/> D020	<input type="checkbox"/> D021	<input type="checkbox"/> D022	<input type="checkbox"/> D023	<input type="checkbox"/> D024	<input type="checkbox"/> D025	<input type="checkbox"/> D026	<input type="checkbox"/> D027	<input type="checkbox"/> D028	<input type="checkbox"/> D029	<input type="checkbox"/> D030	<input type="checkbox"/> D031	<input type="checkbox"/> D032	<input type="checkbox"/> D033	<input type="checkbox"/> D034	<input type="checkbox"/> D035
<input type="checkbox"/> D036	<input type="checkbox"/> D037	<input type="checkbox"/> D038	<input type="checkbox"/> D039	<input type="checkbox"/> D040	<input type="checkbox"/> D041	<input type="checkbox"/> D042	<input type="checkbox"/> D043	<input type="checkbox"/> F001	<input type="checkbox"/> F002	<input type="checkbox"/> F003	<input type="checkbox"/> F004	<input type="checkbox"/> F005	<input type="checkbox"/> U002	<input type="checkbox"/> U003	<input type="checkbox"/> U006
<input type="checkbox"/> U007	<input type="checkbox"/> U044	<input type="checkbox"/> U061	<input type="checkbox"/> U072	<input type="checkbox"/> U080	<input type="checkbox"/> U108	<input type="checkbox"/> U117	<input type="checkbox"/> U122	<input type="checkbox"/> U123	<input type="checkbox"/> U136	<input type="checkbox"/> U154	<input type="checkbox"/> U188	<input type="checkbox"/> U213	<input type="checkbox"/> U220	<input type="checkbox"/> U226	<input type="checkbox"/> U279

ADDITIONAL CODES (Enter all codes not identified above which are associated with waste)

K061

4. USEPA HAZARDOUS WASTE CODE(S)	5. TREATMENT STANDARDS FOR NON-PHASE II STATES (INDICATE THE APPLICABLE TREATMENT STANDARD 268.41, 268.43 OR SPECIFIED TECHNOLOGY BELOW)	6. HOW MUST THE WASTE BE MANAGED? ENTER THE LETTER FROM BELOW.
<u>P039</u>		
<u>P066</u>		
<u>P094</u>		
<u>P194</u>		

To identify F039, or UHCs managed in non-CWA, use the "F039/Underlying Hazardous Constituents Form" provided and check here. _____

If no UHCs are present upon generation check here: X

To list additional EPA waste code(s), use the supplemental sheet and check here. In lieu of supplemental sheet you may use multiple copies of this form.

8. (States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.)

A. or ☒ **RESTRICTED WASTE REQUIRES TREATMENT**

This waste must be treated to the applicable treatment standards set forth in 40 CFR Part 268.40.

☐ For Hazardous Debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR Part 268.45."

B.1 **RESTRICTED WASTE TREATMENT TO PERFORMANCE STANDARDS**

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification. Based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the treatment standards specified in 40 CFR 268.40 without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

B.2 **(CERTIFICATION REMOVED BY PHASE IV)**

B.3 **GOOD FAITH AND ANALYTICAL CERTIFICATION - FOR INCINERATED ORGANICS**

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification. Based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by combustion units as specified in 268.42, Table 1. I have been unable to detect the nonwastewater organic constituents, despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

B.4 **DECHARACTERIZED WASTE REQUIRES TREATMENT FOR UNDERLYING HAZARDOUS CONSTITUENTS**

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

C. **RESTRICTED WASTE SUBJECT TO A VARIANCE**

This waste is subject to a national capacity variance, a treatability variance, or a case-by-case extension. Enter the effective date of prohibition in column 5 above.

☐ For hazardous debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45."

D. **RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT**

"I certify under penalty of law that I have personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

E. **WASTE NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS**

This waste is a newly identified waste that is not currently subject to any 40 CFR Part 268 restrictions.

I hereby certify that all information in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Signature _____

ATTACHMENT 11 Page 2 of 5

Title _____

Date 11-5-07

HAZARDOUS

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

FORM HAZARDOUS
WASTE MANIFEST

1. Generator ID Number

MOCE506

2. Page 1 of

3. Emergency Response Phone

(800)535-6053

4. Manifest Tracking Number

000138567 VES

5. Generator's Name and Mailing Address

TR RINSE INC
1400 SOUTH 2ND
SAINT LOUIS MO 63110

Generator's Phone: 314 847-8338

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name

VEOLIA ES TECHNICAL SOLUTIONS LLC

U.S. EPA ID Number

NJ000000031362

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

VEOLIA ES TECHNICAL SOLUTIONS LLC
#7 MOBILE AVE
SAUGET IL 62201

U.S. EPA ID Number

Facility's Phone: (618)271-2804

IL000000042424

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes		
		No.	Type					
	1. NON REGULATED BY DOT UNDER RCRA WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S., (ETHYLENE GLYCOL, CITRIC ACID), UN 3265, II	001	TT	3899 5000 112 8/15/07	G	None	2002	
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
1. 296227 NON HAZ RINSE WATER

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.

I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offor's Printed/Typed Name

DAN HODGES

Signature

Dan Hodges

Month Day Year

10/8/15/07

16. International Shipments

☐ Import to U.S.☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

FRANK ARNOLD

Signature

Frank Arnold

Month Day Year

10/8/15/07

Transporter 2 Printed/Typed Name

Signature

Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space

☒ Quantity☐ Type☐ Residue☐ Partial Rejection☐ Full Rejection

CORRECTED TOTAL QTY TO 3899 PERCENT STICKLES 8/15/07

AMEND D.O.T. AND ADD 2002 PER CENTRAL STORAGE 8/15/07

18b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. H010	2.	3.	4.
---------	----	----	----

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name

Signature

Month Day Year

Kathy Dewitt

Kathy Dewitt

10/8/15/07

**Stratospheric Ozone – Class I and II Controlled Substance
Destruction Verification Notification
(40 CFR 82.13(k) and 82.24(e))**

Pursuant to 40 CFR 82.13(k) and 40 CFR 82.24(e), Veolia ES Technical Solutions LLC., - Sauget Facility is required to provide a verification that Class I and/or Class II Controlled Substances will be used in processes that result in their complete destruction.

Any Class I and/or Class II Controlled Substance shipped on the attached manifest will be completely destroyed by:

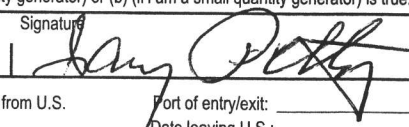


Veolia ES Technical Solutions LLC. – Sauget Facility
7 Mobile Avenue
Sauget, IL 62201

Any Class I and/or Class II Controlled Substances shipped on the attached manifest will be completely destroyed no later than one year after the receipt of the Class I and/or Class II Controlled Substance(s) at Veolia ES Technical Solutions LLC. – Sauget Facility

Signature: Christie Mary

Date: 8/29/07

UNIFORM HAZARDOUS WASTE MANIFEST		Generator ID Number M O C E S O G	2. Page 1 of 1	3. Emergency Response Phone (800)535-5053	4. Manifest Tracking Number 000116839 VES	
5. Generator's Name and Mailing Address TRI RINSE INC 1400 SOUTH 2ND SAINT LOUIS MO 63110 Generator's Phone: 314 641-8338			Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS LLC			U.S. EPA ID Number N J D 0 8 0 6 3 1 3 6 9			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS LLC #7 MOBILE AVE SAUGET IL 62201 Facility's Phone: (818)271-2804			U.S. EPA ID Number I L D 0 9 8 6 4 2 4 2 4			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
		1. NON REGULATED BY DOT, NOT RCRA WASTE CORROSIVE, LIQUID, ACIDIC, ORGANIC, N.O.S. (ETHEPHON, CITRIC ACID), UN3265, III	001	TT	5300	G
		2.				
		3.				
		4.				
14. Special Handling Instructions and Additional Information 1. 296227 NON HAZ RINSE WATER						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name Doug Gubelstadter		Signature <i>Doug E. Gubelstadter</i>		Month Day Year 07 30 07		
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	17. Transporter Acknowledgment of Receipt of Materials					
TRANSPORTER	Transporter 1 Printed/Typed Name FRED ARNOLD		Signature <i>Fred Arnold</i>		Month Day Year 07 30 07	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	AMEND DOT AND ADD 0002 PER CLINTON SHOKLEE 7/31/07					
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____					
	Facility's Phone: _____					
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H040		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Danise Galle		Signature <i>Danise Galle</i>		Month Day Year 07 30 07		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MSD 066106923	2. Page 1 of 1	3. Emergency Response Phone 1 800 424 9399	4. Manifest Tracking Number 001639148 JJK					
		5. Generator's Name and Mailing Address PLATTE CHEMICAL COMPANY 917 PLATTE ROAD GREENVILLE, MS 38704 (662)335-3394 Generator's Phone: _____								
6. Transporter 1 Company Name TRISTATE MOTOR TRANSIT COMPANY		7. Transporter 2 Company Name			U.S. EPA ID Number MOD095038998					
					U.S. EPA ID Number					
8. Designated Facility Name and Site Address TRI-RINSE INC 1400 South 2nd Street St. Louis, MO 63104 (314)647 8338 Facility's Phone: _____		U.S. EPA ID Number MOR 000505958								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
				No.	Type					
	X	Waste Carbamate Pesticide, Solid, Toxic (methomyl), 6.1, UN2757, PGIII (residue last contained)		192	DF	219	P	P066		
		2.								
		3.								
	4.									
14. Special Handling Instructions and Additional Information ((1) RCRA empty Methomyl poly drums										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name GARY PETTY Signature:  Month: 10 Day: 31 Year: 07										
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
TRANSPORTER	Transporter 1 Printed/Typed Name Stewart North Signature:  Month: 10 Day: 31 Year: 07									
	Transporter 2 Printed/Typed Name Signature: _____ Month: _____ Day: _____ Year: _____									
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number: _____									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number _____									
	Facility's Phone: _____									
	18c. Signature of Alternate Facility (or Generator) _____ Month: _____ Day: _____ Year: _____									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
	1. _____		2. _____		3. _____		4. _____			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
	Printed/Typed Name MARK DEAK Signature:  Month: 11 Day: 01 Year: 07									

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD002126845	2. Page 1 of 1	3. Emergency Response Phone 800424 9300	4. Manifest Tracking Number 000194814 FLE		
5. Generator's Name and Mailing Address FMC Corporation 100 Niagara ST Middleport, NY 14105					Generator's Site Address (if different than mailing address)		
Generator's Phone: 716-7353761							
6. Transporter 1 Company Name Tonawanda TANK Transport Services					U.S. EPA ID Number NYD097644801		
7. Transporter 2 Company Name					U.S. EPA ID Number		
8. Designated Facility Name and Site Address TRT Rinse Inc. 1402 South 2nd ST. ST. Louis, MO 63104					U.S. EPA ID Number MO R000505958		
Facility's Phone: 314-647-8338							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. RQ, Waste Carbamate Pesticide, Solid Toxic, 6.1 UN2752, P189	102	DM	5000	P	P189
		2. Non DOT regulated empty drums Last containing Cadusafos	17	DM	600	P	
		3. Non DOT regulated empty drums Last containing	3	DM	140	P	
		4.					
14. Special Handling Instructions and Additional Information Commercially empty containers for resource recovery. ERG 151 Emergency Contact - Robert Wojcik (716) 472-5416 Lead wt P-P6 III							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name Robert C. Wojcik					Signature <i>Robert C. Wojcik</i>		
					Month Day Year 09/28/07		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: 10101/07						
	Transporter signature (for exports only): 10101/07						
	Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Matt Fritten					Signature <i>Matt Fritten</i>		
					Month Day Year 10/01/07		
Transporter 2 Printed/Typed Name					Signature		
					Month Day Year		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input checked="" type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	P-189 → 3-heavy CARUSAFOS → 12 heavy						
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
	Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name MARK DEAK					Signature <i>Mark Deak</i>		
					Month Day Year 10/2/07		

07-2727

10/8

Job # FMC727

Container Processing Production Order

Sales Rep: JSDate: 10/1/2007

1. JOB DESCRIPTION

Customer FMC Corporation

Shipping Location

Hwy 17 EastWyoming, IL0

Processing Type

Rinse & DestroyDestroy OnlyRinse & ReturnSampling Required

Check box below	Type	Size	#/Units	Plastic type	Plastic Class
<input type="checkbox"/>	Steel	55gal			
<input type="checkbox"/>					
<input type="checkbox"/>					

Procedure _____

Scope Of Work

Rinse/crush 55gal P-listed drums**DRUMS MUST BE PROCESSED WITHIN 24 HOURS OF RECEIPT**Verbal Approval from MK to receive P-list load before work
Order written. 0Production Quota 100 per hour# of personnel 3

2. Safety/PPE Requirements

Level 1 _____ Level 2 X Level 3 _____Prior Contents CarbosulfanSpecial Req. yellow tyvek, respirators tapedReactive Chemicals: No Comments _____

3. Subcontractor Info

Vendor	Contact	Phone	Item	Price	Unit
<u>Veolia</u>				<u>2600.00</u>	<u>drum</u>

4. Production Summary

Total Units Received			Total Units Processed			Total Manhrs	Dates Processed
Type	Size	#Units	Rinsed	Crush	Grind	Shred	
<u>STEEL</u>	<u>55GA</u>	<u>122</u>	<u>122</u>	<u>122</u>		<u>8</u>	<u>10-3-07</u>
						<u>Other</u>	

5. Waste Info

Initial Product Consolidation Yes _____ No _____

Type Of waste	Haz	Est Gal.	Est. Drums
Rinsewater	<u>X</u>	<u>165</u>	<u>3</u>
Waste Liquid			
Waste Sludge			

Actual Gals	Act. Drums
<u>165</u>	<u>3</u>

Supervisor _____

Comments _____

$$\begin{array}{r}
 3416.00 \text{ (122} \times 28.00) \\
 900.00 \text{ (3} \times 300.00) \\
 \hline
 4316.00
 \end{array}$$

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number M S D 0 6 6 1 0 6 9 2 3	2. Page 1 of 1	3. Emergency Response Phone (662) 379 7935	4. Manifest Tracking Number 000268348 FLE		
5. Generator's Name and Mailing Address PLATTE CHEMICAL COMPANY per DUPONT 931 PLATTE ROAD, P.O. BOX 5156 Greenville, MS 38704 Generator's Phone: (662) 335-3394			Generator's Site Address (if different than mailing address)				
6. Transporter 1 Company Name TRISTATE MOTOR TRANSIT CO.			U.S. EPA ID Number M00095038998				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address TRI-RINSE, INC. 1400 SOUTH 2ND STREET ST. LOUIS, MO 63104 (314) 647-8338 Facility's Phone:			U.S. EPA ID Number MOR 000505958				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. Waste Carbamate Pesticide, Solid, Toxic (methomyl residue), 6.1, UN2757, PGIII (Lannate tech poly)	129	DF	3870	P	P066
		2. Waste Pyrethroid Pesticide, Solid, Toxic (esfenvalerate), 6.1, UN1339, PGIII (residue last contained -ASANA)	56	DM	2912	P	
	X	3. Waste Methanol, 3, UN1230, PGII (residue last contained) Methanol	8	DM	456	P	6661
	X	4. Waste CARBAMATE PESTICIDE, LIQUID, TOXIC, FLAMMABLE (Oxamyl, Cyclohexanone), 6.1, UN2991, PGI		DM		P	6661
14. Special Handling Instructions and Additional Information 9B1. Lannate tech poly drums P066 (CMBST) 9B4. Vydate metal drums (poly liner) 9B2. Asana metal tech drums 9B3. Methanol metal (COMMERCALLY EMPTY containers for resource recovery)							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name GARY PETTY		Signature <i>Gary Petty</i>		Month Day Year 9 11 2007			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:					
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Ray Hochstedter</i>		Signature <i>Ray Hochstedter</i>		Month Day Year 09 11 07			
Transporter 2 Printed/Typed Name		Signature		Month Day Year			
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name LANCE TARMAN		Signature <i>Lance Tarmen</i>		Month Day Year 9 12 07			

7:30
10 07-2666

9/13

Job # DUP666
1. JOB DESCRIPTION

Container Processing Production Order
Sales Rep: JAS

Date: 9/7/2007

Shipping Location
Platte Chemical
917 Platte Road
Greenville, MS 38704

Processing Type
Rinse & Destroy
Destroy Only
Rinse & Return
Sampling Required

Check box below	Type	Size	#/Units	Plastic type	Plastic Class
X		55GL	200		

Scope Of Work

Inspect container for residual product, if found notify shipping/receiving dept. Rinse, grind and recycle 55 GL plastic
Rinse, crush and recycle 55 GL steel
Must be in process within 24 hrs of receiving at our facility
Rinsewater needs to be segregated from other projects & labeled Hazardous waste see Clinton for specifics
Manifest must be signed and driver keeps transporter copy. Remaining copies must be given to Clinton.

2. Safety/PPE Requirements

Level 1 _____ Level 2 _____ Level 3 _____
Prior Contents Meth

Special Req. _____

Reactive Chemicals: _____ Comments _____

3. Subcontractor Info

Vendor	Contact	Phone	Item	Price	Unit

4. Production Summary

Total Units Received <u>193</u>			Total Units Processed <u>193</u>			Total Manhrs <u>4</u>	
Type	Size	#Units	Rinsed	Crush	Grind	Shred	Other
Drum	55		193	64	129		

9-12-07

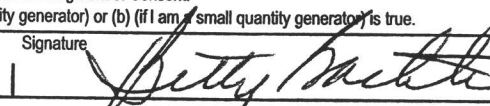


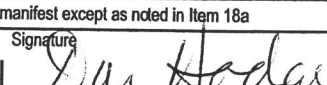
11342.50 (193x22.50)
540.00 (2x270.00)
1466.70 Freight
6349.20

5. Waste Info

Initial Product Consolidation Yes _____ No _____

Type Of waste	Haz	Est Gal.	Est. Drums
Rinsewater			
Waste Liquid			
Waste Sludge			

Actual Gals	Act. Drums
110	2

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IAD000678144	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 002230588 JJK	
5. Generator's Name and Mailing Address Helena Industries, Inc. P.O.Box 5004, Des Moines, IA 50306 Generator's Phone: 515-262-8299			Generator's Site Address (if different than mailing address) 3525 Vandalia Road Des Moines, IA 50317			
6. Transporter 1 Company Name Illini Environmental Inc.			U.S. EPA ID Number ILR000107086			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address TRI-Rinse, Inc. 1400 S. 2nd, St. Louis, MO 63110 Facility's Phone: 314-647-8338			U.S. EPA ID Number MOD 122604721			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
1.	Residue last contained: Waste, Organophosphorus Pesticide, Liquid, Toxic, 6.1, UN3018, PG II	100	dM	4280	P	P039
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information Commercially empty containers for resource recovery						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name Betty Backstrom			Signature 		Month Day Year 8 21 07	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Gray Line			Signature 		Month Day Year 8 24 07	
Transporter 2 Printed/Typed Name DAN HODGES			Signature 		Month Day Year 8 22 07	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator)			Manifest Reference Number: U.S. EPA ID Number			
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name DAN HODGES			Signature 		Month Day Year 8 22 07	

9:00 Doc (10)

Inv #07-2619

P-LISTER

Job # 072619

Container Processing Production Order

Sales Rep: MK

Date: 8/17/2007

1. JOB DESCRIPTION

Shipping Location

Helena Industries

3525 Vanadalia Road

Des Moines, IA 50306

Processing Type

Rinse & Destroy

Destroy Only

Rinse & Return

Sampling Required

Check box below	Type	Size	#/Units	Plastic type	Plastic Class
<input checked="" type="checkbox"/>	drum	55	100 apprx	HDPE	T3

Scope Of Work

Rinse, Crush & recycle 55 GL steel P-Listed

Must be in process within 24 hrs of receiving at our facility

Rinsewater needs to be segregated from other projects & labeled Hazardous

Manifest must be signed and driver keeps transporter copy. Remaining copies must be given to Clinton.

2. Safety/PPE Requirements

Level 1 ☒ Level 2 ☐ Level 3 ☐

P-Listed, yellow tyveks, gloves taped, respirators

Prior Contents DiSyston

Special Req.

Reactive Chemicals: Cholestrase Inhibitor, Toxic

3. Subcontractor Info

Vendor	Contact	Phone	Item	Price	Unit
Illini Environmental		618-397-1234	freight		
Veolia ES		618-271-2804	Rinsewater disposal		

4. Production Summary

Total Units Received			Total Units Processed			Total Manhrs	
Type	Size	#Units	Rinsed	Crush	Grind	Shred	Other
<u>Drum</u>	<u>55</u>	<u>90</u>		<u>90</u>	<u>14</u>		
	<u>30</u>	<u>1</u>		<u>1</u>			
<u>Total</u>		<u>1</u>			<u>1</u>		

5. Waste Info

Initial Product Consolidation Yes ☐ No ☒

Type Of waste	Haz	Est Gal.	Est. Drums
Rinsewater	<input checked="" type="checkbox"/>	330	6
Waste Liquid			
Waste Sludge			

Actual Gals	Act. Drums
<u>330</u>	<u>6</u>

1680.00 (60x 28.00)
 263.75 (45x 5.85)
 1800.00 (6x 300.00)
 1847.50 (510x 3.62)
 42.19 (1x 42.19)
 5682.94





Specialists in Environmental Services

October 22, 2007

Mr. Richard A. Nussbaum, P.E., R.G.
Section Chief, Permits
Missouri Department of Natural Resources
Hazardous Waste Program
P.O. Box 176
Jefferson City, Missouri 65102-0176

Re: Generators Hazardous Waste Report
Missouri ID # 042402
Quarter Ending 9-30-2007

Dear Mr. Nussbaum:

Attached is a copy of the above referenced quarterly report, please forward to Richard Hock of the Resource Recovery Program.

Sincerely,

Clinton Shocklee
Environmental Manager
Tri-Rinse Inc.

Attachment (1)

TRI RINSE, INC.

1402 South Second St.
St. Louis, Missouri 63104
Telephone (314) 647-8338
FAX (314) 647-5028

ATTACHMENT 14 Page 1 of 7



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

GENERATOR'S NAME

TRI-Rinse Inc.

CONTACT PERSON (NAME)

Clinton Shocklee

SITE STREET ADDRESS (DO NOT ENTER P.O. BOX)

1402 S. Second St.

CITY

St Louis

STATE

MO

ZIP CODE

63104

GENERATOR'S EPA I.D. NUMBER

M01R0000505958

GENERATOR'S MISSOURI I.D. NUMBER

042402

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION (Complete Item 1 or Item 2, NOT BOTH)

1. ANNUAL

7/1 _____ (YEAR) to 6/30 _____ (YEAR)

2. QUARTERLY
FOR THE PERIOD ENDING

☒ 9/30 2007 (YEAR) ☐ 12/31 _____ (YEAR)

☐ 3/31 _____ (YEAR) ☐ 6/30 _____ (YEAR)

3. PAGE

1 OF 3

SECTION B - GENERATOR IDENTIFICATION

NOTE: Complete only those items where the information has changed.

4. GENERATOR'S NAME ☐ HAS CHANGED

5. GENERATOR CONTACT PERSON (NAME) ☐ HAS CHANGED

TELEPHONE NUMBER ☐ HAS CHANGED

6. MAILING ADDRESS ☐ HAS CHANGED

CITY

STATE

ZIP CODE

7. PLANT SITE ADDRESS

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM ☐ HAS CHANGED

SECTION C - STATUS OF WASTE GENERATED

9.

NUMBER OF SHIPMENTS MADE. Enter the number of shipments made this reporting period. If greater than zero, complete Part 2, sign certification and transmit to the department. If zero, check item 10 or item 11, whichever is appropriate.

10.

REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11.

REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2)

SECTION D - COMMENTS

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined an am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

Clint Shocklee

SIGNATURE

Clint Shocklee

DATE

10-22-07



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

P.O. BOX 176

JEFFERSON CITY, MISSOURI 65102

(573) 751-3176

GENERATOR'S HAZARDOUS WASTE
SUMMARY REPORT - PART II

BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME AND
IDENTIFICATION NUMBERS AS SHOWN ON PART I.

GENERATOR NAME

TRI-Rinse Inc.

EPA ID NUMBER

M01R000505958

MISSOURI I.D. NUMBER

042402

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the
Hazardous Waste Management Facility you have identified
in Section G below. Additional pages are required for each
off-site management facility listed.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9/30 2007 (YEAR)

☐ 12/31 (YEAR)

☐ 3/31 (YEAR)

☐ 6/30 (YEAR)

2. PAGE

2 OF 3

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

Veolia ES Technical Solutions

5. FACILITY SITE ADDRESS

#7 Mobile Ave.

4. FACILITY'S EPA I.D. NUMBER

0986424

ILD080404024

CITY

Sauget

STATE

IL

ZIP CODE

62201

SECTION H - WASTE IDENTIFICATION

LINE	6. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	7. EPA HAZARDOUS WASTE NUMBER	8. TAX CODE (SEE INST.)	9. TOTAL AMOUNT OF WASTE	10. UNIT OF MEAS.	11. SPECIFIC GRAVITY	12. MANAGEMENT METHOD CODE
1	Waste Corrosive Liquid, Acidic, Organic, N.O.S., (Ethephon, Citric Acid) 8, UN3265, II	D10102		3,899	G	91.2	H1040
2							
3							
4							
5							
6							

SECTION I - TRANSPORTATION SERVICES UTILIZED

13. COMPANY NAME

a Veolia technical Solutions LLC

14. MISSOURI ID NO.

H1-

15. US EPA ID NUMBER

MSD080631369

b

H1-

c

H1-

SECTION J - COMMENTS

16.

ATTACHMENT 14 Page 3 of 7



Specialists in Environmental Services

October 22, 2007

Mr. Richard A. Nussbaum, P.E., R.G.
Section Chief, Permits
Missouri Department of Natural Resources
Hazardous Waste Program
P.O. Box 176
Jefferson City, Missouri 65102-0176

Re: Facility Summary Report
Missouri ID # 042402
Quarter Ending 9-30-2007

Dear Mr. Nussbaum:

Attached is a copy of the above referenced quarterly report, please forward to Richard Hock of the Resource Recovery Program.

Sincerely,

Clinton Shocklee
Environmental Manager
Tri-Rinse Inc.

Attachment (1)

TRI RINSE, INC.

1402 South Second St.
St. Louis, Missouri 63104
Telephone (314) 647-8338
FAX (314) 647-5028

ATTACHMENT 14 Page 4 of 7



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

FACILITY SUMMARY REPORT PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

FACILITY NAME <i>TRI-Rinse Inc.</i>		
CONTACT PERSON (NAME) <i>Clint Shocklee</i>		
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX) <i>1402 S. Second St.</i>		
CITY <i>St Louis</i>	STATE <i>MO</i>	ZIP CODE <i>63104</i>
FACILITY'S EPA I.D. NUMBER <i>MO, R, 0, 0, 0, 5, 0, 5, 9, 5, 8</i>		FACILITY'S MISSOURI I.D. NUMBER <i>0, 4, 2, 4, 0, 2</i>

NOTE: THE FEDERAL EPA AND MISSOURI FACILITY I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS HANDLED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE FACILITY SITE CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

IMPORTANT: ALL MISSOURI BASED FACILITIES THAT RECLAIM, TREAT, STORE, OR DISPOSE HAZARDOUS WASTE ON-SITE SHALL REPORT THE TYPE, QUANTITY AND HANDLING METHOD USED FOR EACH WASTE RECEIVED FROM ALL SOURCES. ALL FACILITIES MUST REPORT QUARTERLY.

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30- *2007* (YEAR) ☐ 12-31- ____ (YEAR)
☐ 3-31- ____ (YEAR) ☐ 6-30- ____ (YEAR)

2. PAGE

1 OF *5*

SECTION B - FACILITY IDENTIFICATION

3. FACILITY NAME ☐ HAS CHANGED

4. FACILITY CONTACT PERSON (NAME) ☐ HAS CHANGED

TELEPHONE NUMBER ☐ HAS CHANGED

5. MAILING ADDRESS ☐ HAS CHANGED

CITY

STATE

ZIP CODE

6. PLANT SITE ADDRESS

CITY

STATE

ZIP CODE

7. NAME OF PARENT FIRM ☐ HAS CHANGED

SECTION C - ACTIVITY LEVEL

☐ CHECK HERE IF NO WASTE WAS RECEIVED FROM OFF-SITE, AND NO WASTE WAS GENERATED AND MANAGED ON-SITE. (DO NOT COMPLETE PART II)

SECTION D - COMMENTS

9.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

Clint Shocklee

SIGNATURE

Clint Shocklee

DATE

10-22-07



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

FACILITY SUMMARY REPORT PART II

BEFORE COPYING FORM, ENTER THE FACILITY NAME AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

FACILITY NAME

TRI-Rinse Inc.

FACILITY'S EPA
I.D. NUMBER

M0R00P505958

FACILITY'S MISSOURI
I.D. NUMBER

042402

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER TYPE OR PRINT

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-2002 (YEAR) ☐ 12-31-____ (YEAR)
☐ 3-31-____ (YEAR) ☐ 6-30-____ (YEAR)

2. PAGE

2 OF 5

NOTE: SUMMARIZE THE AMOUNT OF WASTE RECEIVED AND HOW IT WAS HANDLED FROM AN INDIVIDUAL SOURCE ON THIS PAGE. ADDITIONAL PAGES NEED TO BE COMPLETED FOR EACH INDIVIDUAL SOURCE.

SECTION G - GENERATOR IDENTIFICATION (LIST THE SOURCE OF THE WASTE LISTED ON THIS PAGE)

3. GENERATOR'S NAME

Helena Industries, Inc.

4. GENERATOR'S U.S. EPA I.D. NUMBER

IAD0000628144

5. GENERATOR'S SITE ADDRESS

3525 Vandalia Rd.

CITY

Des Moines

STATE

IA

ZIP CODE

50317

6. IMPORTANT: IF THE WASTE IDENTIFIED ON THIS PAGE WAS BOTH GENERATED AND MANAGED ON-SITE - CHECK THIS BOX ☐

7. NUMBER OF SHIPMENTS RECEIVED THIS REPORTING PERIOD. IF THE WASTE WAS GENERATED AND MANAGED ON-SITE, LEAVE BLANK.

1

SECTION H - WASTE IDENTIFICATION

(SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE)

LINE	8. DESCRIPTION OF WASTE	9. EPA HAZARDOUS WASTE NUMBER	10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. MGMT. METHOD CODE
1	Residue last contained: waste, Organo-phosphorus pesticide, Liquid, Toxic, b.p., UN3018, PG II	P1039	4280	P	•	H1141
2					•	H1141
3					•	H1141
4					•	H1141
5					•	H1141
6					•	H1141

SECTION I - COMMENTS

14.

ATTACHMENT 14 Page 6 of 7



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

FACILITY SUMMARY REPORT PART II

BEFORE COPYING FORM, ENTER THE FACILITY NAME AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

FACILITY NAME

TRI - Rinse Inc.

FACILITY'S EPA
I.D. NUMBER

1101000505958

FACILITY'S MISSOURI
I.D. NUMBER

042402

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER TYPE OR PRINT

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-2007 (YEAR) ☐ 12-31- (YEAR)

☐ 3-31- (YEAR) ☐ 6-30- (YEAR)

2. PAGE

4 OF 5

NOTE: SUMMARIZE THE AMOUNT OF WASTE RECEIVED AND HOW IT WAS HANDLED FROM AN INDIVIDUAL SOURCE ON THIS PAGE. ADDITIONAL PAGES NEED TO BE COMPLETED FOR EACH INDIVIDUAL SOURCE.

SECTION G - GENERATOR IDENTIFICATION (LIST THE SOURCE OF THE WASTE LISTED ON THIS PAGE)

3. GENERATOR'S NAME

Platte Chemical Company per Dupont

4. GENERATOR'S U.S. EPA I.D. NUMBER

MSD066106923

5. GENERATOR'S SITE ADDRESS

931 Platte Rd.

CITY

Greeneville

STATE

MS

ZIP CODE

38704

6. IMPORTANT: IF THE WASTE IDENTIFIED ON THIS PAGE WAS BOTH GENERATED AND MANAGED ON-SITE - CHECK THIS BOX ☐

7. NUMBER OF SHIPMENTS RECEIVED THIS REPORTING PERIOD. IF THE WASTE WAS GENERATED AND MANAGED ON-SITE, LEAVE BLANK.

1

SECTION H - WASTE IDENTIFICATION

(SUMMARIZE THE AMOUNT OF WASTE FROM THE ABOVE LISTED GENERATOR AND HOW IT WAS HANDLED AT YOUR SITE)

LINE	8. DESCRIPTION OF WASTE	9. EPA HAZARDOUS WASTE NUMBER	10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. MGMT. METHOD CODE
1	Waste Carbamate pesticide, solid, toxic (Methomyl residue), 6.1, UN252, PIII (Lannate tech only)	P10161b	3780	P	•	H141
2					•	H111
3					•	H111
4					•	H111
5					•	H111
6					•	H111

SECTION I - COMMENTS

14.

ATTACHMENT 14 Page 7 of 7

EMERGENCY MANAGEMENT PLAN

TRI-Rinse, Inc.
1400 South Second Street
St. Louis, MO 63104
314-647-8338

Issue Date 7-3-07
Rev 03

FACILITY ADDRESS

TRI-Rinse, Inc.
1400 South Second Street
St. Louis, MO 63104
Phone: 314-647-8338

EMERGENCY CONTACTS – ON SCENE COORDINATORS**PRIMARY**

Clinton Shocklee – Environmental Manager
Cell: 314-223-9370
Home: 314-842-1321

1ST ALTERNATE

John Shocklee – VP Operations
Cell: 314-570-5201
Home: 314-570-5201

2ND ALTERNATE

Mike Kamrath – Containers Manager
Cell: 314-330-4336
Home: 314-849-9623

3RD ALTERNATE

Doug Wohlstadter – Warehouse Supervisor
Cell: 314-267-9125
Home: 636-461-0254

ADDITIONAL EMERGENCY CONTACTS

Police and Fire	911
Fire Marshall	314-289-1900
Missouri Emergency Response Commission	573-634-2436
Metropolitan Sewer District	314-768-6290
National Response Center	800-424-8802

TABLE OF CONTENTS

1.0 Overview 4
2.0 Emergency Management Training 6
3.0 Preparedness and Prevention 6
4.0 Contingency Plan 9
5.0 Emergency Control Procedures 11
6.0 Reporting 12

1.0 Overview

Tri-Rinse, Inc. (TRI-Rinse) has developed the following program to respond to possible emergencies at the South Second Street facility. This program has been designed to provide employees a set of guidelines to ensure their safety as well as protect the interests of the Company. The hierarchy of values in any potential emergency situation is always:

1. Protect yourself,
2. Protect your coworkers, and
3. If safe and prudent, protect company property.

It is the responsibility of the Environmental Manager (Clinton Shocklee) to coordinate the following program and take any other steps necessary to ensure that the intent of this plan is implemented.

In the event of an emergency: fire, explosion, chemical release, tornado, etc., the following actions will be taken:

1. **Emergency Recognition and Communication:**
Before attempting to communicate any hazardous conditions, know what all the hazardous conditions are.
2. **Emergency Notification:**
Upon identification of an emergency event, evacuate the warehouse and notify the main office (314-647-8338). Go immediately to the designated safe area (parking area east of the warehouse) and remain there for further instructions.
3. **Initial Reporting:**

In the event of an emergency contact one of the following employees as soon as possible:

- Doug Wohlstadter
- John Shocklee
- Clinton Shocklee
- Mike Morgan

It will be the responsibility of one of these individuals to provide direction and make any further notifications that may be required.

Report any chemical exposure or potential exposure to one of the following employees:

- Clinton Shocklee - Primary
- Mike Kamrath - Alternate

Employees are urged not to make any comments regarding an emergency situation to anyone outside the company. This controls miss-information. Direct all questions from public and the media to Mike Morgan, President.

4. **Response Action:**

Response action to any emergency event will be dictated by the nature and extent of the event. It will be the responsibility of the *On Scene Emergency Coordinator* to assess the situation and manage the specific response. Guidelines and general procedures are included within Sections 4.0 *Contingency Plan and Emergency Procedures* and 5.0 *Emergency Control Procedures* of this Plan.

5. **Site Security and Control:**

Employees – Do not go near disaster area unless authorized by Doug Wohlstadter, John Shocklee, Mike Morgan, Clinton Shocklee, or Tim Shocklee. Stay away from danger. Do not allow unauthorized persons to approach site. Report trespassers to John Shocklee, Mike Morgan, or Tim Shocklee.

6. **Post Reporting:**

Following an emergency event, both internal and external (as required) reporting will be completed.

- John Shocklee will provide a written report submitted to the President, following any incident. The report will summarize the event and offer any recommendations needed.
- Clinton Shocklee will be responsible for completing all external reporting

2.0 Emergency Management Training

Following is a list of emergency related training provided to TRI-Rinse employees. Specific training is a function of duties

2.1 Initial Training

All employees are given initial health and safety orientation training. As part of this initial effort, employees are trained respective to Hazard Communication and Emergency Awareness.

2.2 Hazardous Waste

Employees responsible for managing waste are provided hazardous waste training. This training includes identification, characterization, packaging, labeling, storage, shipping, and emergency response.

2.3 Emergency Response

For employees responsible for responding to an emergency event, training is provided in accordance with 29 CFR 1910.120 Subparagraph Q (Emergency Response to Hazardous Substance Releases). This training includes hazard recognition, employee and facility safety, personal protective equipment, containment, and remediation.

3.0 Preparedness and Prevention

3.1 Program

The most critical component of any Emergency Management Plan is to establish and implement an effective Preparedness and Prevention Program. The purpose of such a program is to identify potential emergency situations, prepare for response, and continually implement prevention measures to avoid an occurrence.

Due to the nature of activities at TRI-Rinse potential emergency events include:

- Fire
- Chemical Exposure
- Chemical Release

In addition, due to location, potential events also include:

- Tornado

3.2 Preparedness and Prevention

TRI-Rinse has established the following preparedness and prevention measures respective to the above-described potential emergency events.

Fire

1. Smoking is permitted only in areas designated by the Senior Management of TRI-Rinse, Inc.
2. All smoking materials shall be extinguished in ashtrays or designated receptacles.
3. Cigarette butts and ignition sources should not be disposed of in trashcans.
4. All extension cords, electrical cords should be examined on a routine basis to make sure that they are in good working condition. All frayed electrical cords should be noted and reported to management or maintenance personnel for replacement.
5. Heat producing equipment such as pots, ovens and portable heaters should be unplugged at the end of each workday.
6. Flammable and combustible substances should be stored away from ignition sources such as pilot lights, heat-radiating sources such as oven, or portable heaters. Lids and covers shall be placed on containers with flammable materials.
7. Good housekeeping is a prime importance in fire prevention. All unnecessary combustible materials such as boxes, paper, etc. should be removed from the warehouse and disposed of properly. Combustibles such as pre-made boxes should be kept to a minimum.
8. Proper precautions should be taken when welding and burning.
9. Portable fire extinguisher can be used for small fires. Employees should familiarize themselves with the operation and location of fire extinguisher in their work areas. In most cases, fire extinguishers are operated by pulling a safety pin on the handle and aiming the nozzle at the base of the fire while squeezing the trigger.
10. If the fire cannot be managed by personnel with a fire extinguisher a management official should be told immediately so the appropriate action can be taken and the fire department notified.

Chemical Exposure

1. Material Safety Data Sheets are received and reviewed for each type of project.
2. Engineering controls are put in place wherever possible.
3. Where engineering controls are not practical, appropriate personnel protection equipment is utilized.
4. Personnel are trained to recognized potential exposure and take corrective action or initial response as appropriate.
5. Emergency coordinators are trained to work with outside first responders as needed.

Chemical Release

1. Material Safety Data Sheets are received and reviewed for each type of project.
 2. Engineering controls are put in place wherever possible.
 3. Personnel are trained to recognized potential releases and take corrective action or initial response as appropriate.
 4. Release response equipment is in place and personnel are trained in its use. Reference Section 3.3 for a listing of available emergency equipment.
1. Emergency coordinators are trained to work with outside first responders as needed.

Tornado

1. The Environmental Manager will monitor the Weather Service for pertinent information and warning notices.
2. When a weather warning is received, management and/or supervisory personnel will convey the information to the employees.
3. Employees should go to interior hallways or along walls away from large windows. Protect head and face.
4. Upon safe conditions, an "ALL CLEAR" notification will be given to employees.

Evacuation Plan

If an emergency arises where the buildings at TRI-Rinse, Inc. need to be evacuated, the evacuation plan is as follows:

1. An evacuation order will be given by management and/or supervisory personnel to all employees.
2. Designated employees will be instructed to shut down or disconnect all energy sources such as electricity, pneumatic sources of energy, natural gas supply and all other possible sources of energy.
3. All employees will exit in an orderly and calm manner from the premises.
4. When the evacuation of the buildings is complete, ALL employees will assemble in the parking area east of the warehouse.
5. Supervisors will perform a head count of their departments. Any one not accounted for will be reported to the Fire Department personnel immediately regarding their most recent known location.

3.3 Equipment

- A.B.C. Fire Extinguisher's
- Absorbent - i.e., Oil Dry, Pigs

3.4 Arrangements with Local Responders

The LEPC has been notified and the City of St. Louis Fire Department has toured the facility.

Our Company is engaged in remedial action projects and clean-ups. Therefore, we can adequately handle any emergency response at our own facility, which may be needed. If additional equipment is needed we have an arrangements equipment suppliers to provide equipment.

4.0 Contingency Plan and Emergency Procedures

4.1 Facility Description

Description: The TRI-Rinse, Inc., Warehouse Facility is located at 1400 South Second Street, St. Louis, MO 63104. This facility operates as a warehouse.

4.2 Emergency Response

When there is an imminent or actual emergency situation, the emergency coordinator (or his or her designee, when the emergency coordinator is on call) will immediately:

1. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel; and
2. Notify appropriate state or local agencies with designated response roles if their assistance is needed.

Whenever there is a release, fire or explosion, the emergency coordinator will immediately identify the character, exact source, amount and aerial extent of any damage or spill, whether it be chemical release, fire, explosion or other damage. This will be done by observing or reviewing facility records or bill of ladings/manifests and, if necessary, by chemical analysis.

Concurrently, the emergency coordinator will assess possible hazards to human health or the environment that may result from chemical release, fire or explosion. This assessment will consider both direct and indirect effects of the release, fire or explosion (e.g., the effects of any toxic, irritating, or asphyxiating gases that are generated or the effects of any hazardous surface water run-off from water or chemical agents used to control fire and heat-induced explosions.)

If the emergency coordinator determines that the facility has had a release, fire or explosion that could threaten human health or the environment outside the facility, he or she will record the finding as follows:

1. If the assessment indicates that evacuation of local areas may be advisable, he or she will immediately notify appropriate local authorities and will be available to help appropriate officials decide whether local areas should be evacuated; and
2. Either the government official designated as the on-scene coordinator for the geographical area or the National Response Center (using their 24-hour toll free number 800-424-8802) will be immediately notified. This report must include:
 - a. the name and telephone number of reporter
 - b. the name and address of facility
 - c. the time and type of incident (e.g., release, fire)
 - d. the extent of injuries if any, and
 - e. the possible hazards to human health, or the environment, outside the facility.

During the emergency, the emergency coordinator will take all reasonable measures necessary to ensure that fires, explosions and releases do not occur, recur or spread to other hazardous materials at the facility. These measures will include, where applicable, stopping processes and operations, collecting and containing released material, and removing or isolating containers.

If the facility stops operating in response to a fire, tornado, explosion or release, the emergency coordinator will monitor for leaks, pressure build-up, gas generation or ruptures in valves, pipes or other equipment wherever this is appropriate.

Immediately after an emergency, the emergency coordinator will provide for treating, storing, or disposing of recovered waste, contaminated soil or surface water, or any other material that results from a release, fire or explosion at the facility.

The emergency coordinator will ensure that in the affected areas of the facility:

1. No more material/waste that may be incompatible with the released material is treated, stored or disposed of until cleanup procedures are completed; and
2. All emergency equipment listed in the contingency plan is cleaned and fit for its intended use before operations are resumed.

TRI-Rinse, Inc. will note in the operating record the time, date and details of any incident that requires implementing the contingency plan. Within 15 days after the incident, a written report of the incident will be submitted to the Regional Administrator, as required.

The report will include:

1. name, address and telephone number of the owner or operator;
2. name, address and telephone number of the facility;
3. date, time and type of incident (e.g., explosion);
4. name and quantity of material(s) involved;

5. the extent of injuries, if any;
6. an assessment of actual or potential hazards to human health or the environment, where this is applicable and
7. estimated quantity and disposition of recovered material that resulted from the incident.

4.3 Organizational Structure:

The Environmental Manager is responsible for coordinating the Preparedness Prevention and Contingency Plan. He is responsible for training of employees and for implementing response measures in the event of an incident.

4.4 Material Compatibility:

All of our materials are stored in containers compatible with the products. Drums all conform with D.O.T. requirements and are labeled in conformance with all applicable regulations.

5.0 Emergency Control Procedure

5.1 Fire:

In the case of a fire the person first discovering the fire shall, depending on its size, try to contain the fire using fire extinguishers located in the building, and notify the Emergency Coordinator.

Depending upon the extent of the fire, evacuation of the site may be necessary. The Supervisor in charge, or his designee, shall order evacuation.

Severe Impact - Notify Fire Department for immediate dispatch.

Shut off electric and supply (shut-off location shown on plot plan).

All employees assemble for roll call.

Notify emergency coordinator for cleanup procedure.

5.2 Evacuation:

Upon notification of evacuation, all employees shall progress swiftly yet safely to an exit.

All employees will assemble in the parking area east of the warehouse

Any personnel unaccounted for will be immediately reported to the Fire Department personnel regarding their most recent known location.

Employees shall be given instructions as to the path of travel, hazards to avoid, and location to assemble.

5.3 Chemical Release:

In the event a release should occur, the person observing the release will take immediate action to contain the release. After taking such action, the person will then notify the Emergency Coordinator of the location and communicate the extent of the release. Depending on the size and nature of the release, the Emergency Coordinator will take appropriate action.

Follow evacuation route procedure if determined to be necessary.

Employees will be contacted by their supervisors with instructions regarding response and clean-up actions.

The Emergency Coordinator will have the release covered with absorbent material. This will then be collected and placed in D.O.T. approved drums for disposal in a manner to comply with all Local, State, and Federal Regulations.

A senior management official will be designated to talk to the media present at the scene. This will be the only official to discuss the events with the media.

Supervisors will be responsible for damage assessments of their work areas. The controller will receive these damage assessments and notify the insurance company.

5.4 Injury:

In the case of direct contact with chemical, the skin shall be washed with water. Contaminated clothing removed. If eye contact occurs, the eyes shall be flushed with water. Medical attention shall follow as soon as possible. Material Safety Data Sheets are available for additional information.

In case of physical injury, first aid shall be provided. Based on the seriousness of the accident, the supervisor shall decide whether hospital emergency attention is required and, if so, the method of transporting the victim to the hospital.

6.0 Reporting

IF:

- * The accident posed or poses any potential threat to human health outside the facility
- * Any release has reached surface water

Immediately notify the National Response Center (1-800-424-8802)

Be prepared to give the following information:

1. The name, address, and U.S. EPA Identification Number of the Generator;
2. Date, time, and type of incident (i.e. release or fire);

3. Quantity and type of hazardous waste involved in the incident;
4. Extent of injuries, if any; and
5. Estimated quantity and disposition of recovered materials, if any.

Appendix 1-1

DATA GATHERING WORKSHEET AND CHECKLIST INSTRUCTIONS AND KEY

1. Complete all items on the applicable data gathering worksheet and checklist in a neat and legible fashion.
2. All responses will be based on the inspector's knowledge and best judgement and information obtained from facility the representative(s) at the time of the inspection.
3. A (✓) mark should be used to mark the all boxes (□) and will indicate the choice made or the action completed.
4. The Records Review Worksheet and Checklists and the Visual Review Worksheet and Checklists each have a key below the tables. Use this key when filling out these forms.
 - a. Items which are shaded gray on the worksheets and checklists are considered high priority items during inspections and should always be completed.
 - b. On the top of the worksheets and checklists are a group of boxes which represent the generator status of the facility and whether or not the facility is subject to interim status or permit requirements. The appropriate box should be checked.
5. The inspector should pay special attention to the questions contained in this box and make sure that they are able to answer them as relates to inspection documentation.

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

6. Each of the forms has a space at the bottom to indicate the Attachment number and page when the form is included in the report. The attachment number and page should be used when referencing information contained on the form in the inspection report.

Appendix 1-2

PRE-INSPECTION ITEMS TO CHECK

General
Equipment:

- hardhat
- safety glasses
- camera
- calculator
- GPS unit
- post-its
- coveralls
- film
- pH paper

- rubber boots
- tape measure
- notebook
- compass
- tape recorder
- safety gloves
- safety boots
- ice chest
- batteries

- safety shoes
- back-up camera
- flashlight
- binoculars
- pens/markers
- winter gloves
- ear plugs
- coat
- respirator

Special Equipment?: _____

Paperwork:

- NOV, CBI & Rec. for Doc. forms
- Reference Information
- Data Collection Worksheets

- Notification forms
- Regulations (Federal/State)

- Multi-Media form
- Facility Files

Items
Needed:

- Load Camera
- Change Phone Message
- Change Phone Message

- Credentials
- Car Book/Keys/Credit Card
- Sign-out On Board
- Considerations?

- Daily Planner
- Business Cards
- Special Health or Safety

Notes: _____

Appendix 1-3

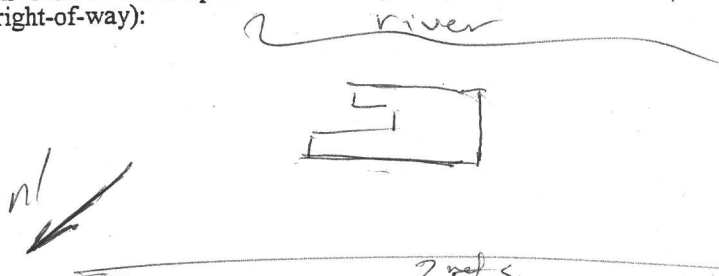
Facility: Tri Rinse Inc Date: 11/7/07 Arrival time: 8:10:45am
DRIVE-BY

Drive-by conducted from public right-of-way?

☒ Yes ☐ No

as possible

2. Determine the direction "North" with respect to the facility and provide a brief sketch of the layout and orientation (as can be viewed from the public right-of-way):



3. Obvious concerns visible from public right-of-way (photos)? ☐ Yes ☐ No

- | | | | |
|--------------------|--------------------|------------------------|-----------------------|
| - Containers | - Tanks | - Processing Equipment | - Loading Areas |
| - Unloading Areas | - Security Devices | - Open Drums | - Stressed Vegetation |
| - Unusual Staining | - Unusual Odors | - Obvious Discharges | - Improper Disposal |
| - Safety Concerns | - Other Concerns | | |

Appendix 1-4

SITE ENTRY AND INBRIEFING

1. ☐ Used main entrance ☐ Entered during normal operating hours ☐ Excessive delays (>15 minutes - denial of access?) - ☐ No

2. Facility Representative(s): Clinton Shocklee Title: EH&S Mgr

Mike Kemrath Tim Shocklee Title: owner

Sales mgr Gilenn Potter Title: Maint. Supr

3. Does representative have intimate knowledge of all waste management practices? Yes ☐ No

How long in position? June 2006 grad. May '06 from Univ. Tulsa in Environmental Science

4. Introduction:

- ☒ Presented credentials
- ☒ Explained responsibility to provide accurate information and provided copies of Section 1001 and 1002 U.S.C. to facility
- ☒ Verified presence at correct facility (checked address/I.D. #)
- ☒ Explained authority to conduct inspection (Section 3007 of RCRA)
- ☒ Identified personal safety considerations: hard hat, safety glasses, steel toes, hearing protection
- ☒ Explained the purpose, scope, and order of the inspection
- ☒ Completed Multimedia screening checklist
- ☒ Explained documentation process - worksheets, checklists, photo's, notes, statements, etc
- ☒ Provided SBRFA
- ☒ Obtained GPS reading
- ☒ Explained facility's right to claim CBI

5. Was full access granted? ☒ Yes ☒ By facility representative or Other(name): _____

☐ No - Access denied Name of person denying access: _____

Time of denial: _____

Reason for denial, or limitations placed on access:

1. Site history:

Date facility began operating: June '07Number of employees: 24 warehouse ~40 totalNumber of shifts/hours worked: 1 shift 7:30-4:00Number of days worked per week: 5d/wk

Size (sq. ft., how divided):

~235,000 sq ft - operate out of ~100,000 sq ft. Treat excess space to 2 companies

Property owner and facility operator the same? ☒ YES ☐ NO15 acres.

2. Major products or services provided:

3. Major raw materials used:

4. Major manufacturing or processing operations which generate waste streams: (provide brief description)

Operation/ProcessWaste Stream(s)Rinsing containerswaste rinsate

CS said only 5-10% of biz is regulated containers & that all rinsate is managed as haz wst. when regulated waste drums are rinsed on a particular day eg. if 50 out of 750 drums rinsed in a day, all rinsate from the day is haz. wst.

parts washer maint.

5-K l/m ea ^{18pm} ~7 gal

5. Complete a Generator Waste Stream Worksheet and/or Off-Site Waste Stream Worksheet for the waste streams noted above and then finish this form.

6. Verified/compared above information with facility Notification Form: ☒ YES ☐ NO

7. **GENERATOR STATUS:** (based on records review)

- ☐ Non-generator
☐ CE (0-100kg/mo or 1 kg/mo acute waste and accumulate <1000 kg or 1 kg acute waste or 100 kg of acute spill residue)
☐ SQG (100-1000kg/mo and accumulate <6000 kg)
☒ LQG (>1000kg/mo)

Is facility's status solidly within above category? ☒ YES ☐ NO
(If not carefully verify status and document)

8. **TSD STATUS:**

☐ Treatment ☐ Storage ☐ Disposal

Note: Types of units, number of units, capacities, processes, etc.

resource recovery facility in MO.

9. Resolved questions from Pre-Inspection Worksheet? ☒ YES ☐ NO ☐ No Questions

10. Resolved compliance officers questions from Pre-Inspection Worksheet? ☒ YES ☐ NO ☐ No Questions

11. Requested site map or diagram to identify all observations? ☒ YES ☐ None available

1. WASTE STREAM: haz wst. rinseateFACILITY DETERMINATION: ☒ Hazardous ☐ Nonhazardous ☐ Not done ☐ InadequateWASTE CODES: D002 & 10 P-codes in RR cart.DETERMINATION METHOD: ☒ product knowledge☐ process knowledge☐ testing

Documentation: _____

GENERATING PROCESS: rinse wastewater from rinsing when drums which hold pesticide are processedGENERATION RATE: ~ 10,000 gal D002 & ~ 4,700 gal P-listed. org generated in 5 mo of operation at this locationON-SITE MANAGEMENT: satellites ☐ visually inspectedstorage ☒ visually inspectedno satellites - was in process until removed from rinse water recirculation tanks & pumped into drumsOFF-SITE MANAGEMENT / DISPOSITION: incinerate at Veguass Tech Soln LLC in Suway, FL.2. WASTE STREAM: parts washer solventFACILITY DETERMINATION: ☐ Hazardous ☒ Nonhazardous ☐ Not done ☐ InadequateWASTE CODES: safety-kleen recycled solvent (cup)DETERMINATION METHOD: ☐ product knowledge☐ process knowledge☐ testing

Documentation: _____

GENERATING PROCESS: 18 wk service interval collected 9/11/07GENERATION RATE: ~ 7 gal/serviceON-SITE MANAGEMENT: satellites ☐ visually inspectedstorage ☒ visually inspectedin process until removed by S-KOFF-SITE MANAGEMENT / DISPOSITION: goes into S-K cup solvent

3. WASTE STREAM: _____

FACILITY DETERMINATION: ☐ Hazardous ☐ Nonhazardous ☐ Not done ☐ Inadequate

WASTE CODES: _____

DETERMINATION METHOD: ☐ product knowledge☐ process knowledge☐ testing

Documentation: _____

GENERATING PROCESS: _____

GENERATION RATE: _____

ON-SITE MANAGEMENT: satellites ☐ visually inspectedstorage ☐ visually inspected

OFF-SITE MANAGEMENT / DISPOSITION: _____

A. MANIFESTS

#	✓/ X	REGULATORY REQUIREMENT	MANIFEST #'s AND COMMENTS
1.	✓	Facility uses manifest system-262.20(a)	
2.	✓	Manifests maintained for 3 years-262.40(a)	
3.	✓	Generator EPA I.D. number-262.20(a)	
4.	✓	Generator name, address, phone number-262.20(a)	
5.	✓	Transporter(s) name & EPA I.D. number-262.20(a)	
6.	✓	Designate facility name, address & EPA I.D. number-262.20(a)	
7.	N/A	Alternate facility designated (optional)-262.20(c)	
8.		Unique five digit document number and number of pages-262.20(a)	uniform H.W. manifests
9.	✓	DOT shipping name, hazard class, waste code, & RQ (if required-49 CFR 172)-262.20(a)	
10.	✓	Containers: numbers, type, quantity, unit wt/vol. -262.20(a)	
11.	✓	Proper certification (highway, rail, water or air) including waste minimization-262.20(a)	
12.	✓	Signed and dated-262.23(a)	
13.	N/A	Exception report submitted if necessary-262.42	
14.		Waste reclaimed under contractual agreement (SQG only)-262.20(e)(1)	used solvents from parts washer is 3-K CUP solvent
15.		Generator maintains copy of contractual agreement (SQG only)-262.20(e)(2)	
16.	✓	LDR notification/certification sent with manifests on 1st shipment -268.7(a)	
17.	✓	LDR notification/certification includes: manifest number, correct EPA waste codes & treatment standards, and waste analysis data-268.7	
18.	✓	LDR notification/certification/ waste analysis data & other documents maintained for 3 years-268.7.(a)(8)	
19.		Biennial Reports submitted per 262.41 (LQG only)	none to date

✓-in compliance X-not in compliance N/A-not applicable

20. Approximate number of manifests generated since last inspection, or over past 3 years 3 since starting this location21. Approximate number of manifests reviewed: 322. Copies of manifests made with regulatory violations? ☐ YES ☒ NO

16 10 13

23. Additional requirements for off-site generated manifests:

#	✓/X	ADDITIONAL I.S./PERMIT* REGULATORY REQUIREMENTS	MANIFEST #'s AND COMMENTS
a.	✓	Manifests signed and dated-265.71(a)(1)	
b.	N/A	Manifest discrepancies noted and corrected w/in 15 days-265.71(a)(2)	
c.		Copy immediately given to transporter-265.71(a)(3)	
d.		Copy sent to generator w/in 30 days-265.71(a)(4)	
e.		Manifests retained for 3 years-265.71(a)(5)	
f.		LDR notification/certifications retained for 3 years-268.7(e)(2)	
g.		Biennial Reports submitted per 265.75	

✓-in compliance X-not in compliance N/A-not applicable *-please note applicable permit requirement

h. Approximate number of manifest received since last inspection _____, or over past 3 years 4 at this location

i. Approximate number of manifests reviewed: 4

j. Copies of manifests made with regulatory violations? ☐ YES ☒ NO

B. PREPAREDNESS AND PREVENTION

#	✓/X	REGULATORY REQUIREMENTS	COMMENTS
1.	✓	Arrangements with local emergency agencies made-262.34(d)(4)-265.37 [SQG] or 262.34(a)(4)-265.37 [LQG, I.S.]	C.S. said w fdp & hospital C.S. said yes
2.	✓	Emergency coordinator on premiss or on call-262.34(d)(5) [SQG] or 262.34(a)(4)-265.55 [LQG, I.S.]	
3.	N/A	Emergency coordinator's name and phone number, fire departments phone number, and the location of fire extinguishers and spill control equipment posted near phone [SQG only]-262.34(d)	

✓-in compliance X-not in compliance N/A-not applicable

D. PERSONNEL TRAINING

(SQG - 262.34(d)(5)(iii), N/A, LQG's-262.34(a)(4) referencing 265.16, I.S.-265.16 only)

#	✓/ x	REGULATORY REQUIREMENTS*	COMMENTS
1.		Program director trained in hazardous waste management procedures (LQG only)-265.16(a)(2)	<i>none</i> <i>no written description of haz. waste training</i>
2.		Employees do not work unsupervised without completing training & are trained within 6 mo. of initial hiring (LQG only)-265.16(b)	
3.		Employees are trained annually (LQG only)-265.16(c)	
4.		Job title & name of person filling position specified (LQG only)-265.16(d)(1)	
5.	✓	Written job description including: skills, education or qualification, and duties (LQG only)-262.16(d)(2)	
6.	✓	Written description of type and amount of introductory & continuing training provided (LQG only)- 265.16(d)(3)	
7.		Training covers: response to emergencies, implementation of contingency plan, use of alarms, waste feed cut-offs & other emergency equipment, as required (LQG only)-265.16(a)(3)	
8.		Documentation confirming training has been completed (LQG only)-265.16(d)(4)	
9.		Records maintained on-site for current employees & for 3 years for former employees- 265.16(d) & (e) respectively	
10.		All employees are familiar with waste handling and emergency procedures relevant to their responsibilities (SQG only)-262.34(d)(5)(iii)	

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirements

11. Notes/Observations: *have had weekly safety meetings on Friday & in process*
of updating training for new location on 2nd floor

C. CONTINGENCY PLAN

(SQG - N/A, LQG's-262.34(d)(4) referencing 265 Subpart D, I.S.-265 only)

#	✓/ x	REGULATORY REQUIREMENTS*	COMMENTS
1.	✓	Has contingency plan-265.51(a)	
2.	✓	Contingency plan maintained on-site-265.53(a)	
3.		Plan submitted to emergency response agencies-265.53(a)	C.S. said it has been
4.	✓	Description of actions needed to respond to fires, explosions, or releases of hazardous waste-265.52(a)	
5.		Description of arrangements with local emergency agencies, as appropriate-265.52(c)	minimal
6.		List names, addresses & phone numbers (both home and office) of emergency coordinators & designate primary EC-265.52(c)	no addresses
7.		List & describe emergency equipment, its location and its capabilities, as required-265.52(e)	no locations identified
8.	✓	Include complete evacuation plan (signal, alternate route), if required-265.52(f)	
9.		Emergency coordinator must be thoroughly familiar with all aspects of facility-265.55	C.S. said they are

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirements

Appendix 1-9

VISUAL REVIEW WORKSHEET AND CHECKLIST

A. CONTAINER STORAGE AREA

(Complete one form per storage area)

1. Type of storage area: ☐ < 90 day ☐ < 180 day ☐ < 270 day ☐ I.S. ☐ Permit

2. I.S./Permitted capacity: _____

#	✓/x	REGULATORY REQUIREMENTS*	COMMENTS
3.	✓	Date of accumulation marked and visible-262.34(a)(2)	
4.	✓	Containers marked as "Hazardous Waste"- 262.34(a)(3)	
5.	✓	Containers in good condition-262.34-265.171	
6.	✓	Containers are compatible with waste-262.34-265.172	
7.	✓	Containers kept closed-262.34-265.173(a)	
8.	✓	Containers not opened, handled, & stored in a manner to cause them to leak-262.34-265.173(b)	
9.	✓	Containers storing incompatible separated or protected from each other-262.34-265.177	
10.	✓	Containers of ignitable/reactive waste stored >50 feet from property line [LQG's, I.S. & Permit, only]-262.34-265.176	
11.	X	Adequate aisle space for type of container management and emergency equipment used-265.35	not adequate. between rows & behind against wall too narrow for spill equip or adequate insp.
12.	✓	Containers stored for less than 90/180/270 days, as applicable-262.34	
13.	✓	Storage area inspected weekly-265.174	CS and ins
ADDITIONAL I.S. REQUIREMENTS*			
14.		Security: controlled entry, 24-hr. surveillance, or barrier-265.14(b)	
15.		"Danger Unauthorized Personnel Keep Out," signs posted-265.14(c)	
16.		"No Smoking" signs conspicuously posted-265.17(a)	
17.		Containers/Tanks clearly marked identifying their contents & with storage start date-268.50(a)(2)	
18.		LDR wastes not stored over 1 yr. without adequate justification-268.50(c)	
19.		Daily inspections loading/unloading areas (when in use)-265.15(a)(4)	
PRE-TRANSPORT REQUIREMENTS*			
20.		Waste packaged, labeled, marked, per DOT-262.30, 262.31, 262.32, respectively	
21.		Placards available for use by transporters when applicable-262.33	

#	✓/ X	REGULATORY REQUIREMENTS*	COMMENTS
22.	X	Device available capable of summoning emergency assistance-265.34	no alarm or comm. device in area or nearby except fire alarm at back door ~ 12' from east corner of storage area. CFS said fire alarm would not be used for over notification unless there was a fire. near storage area & a few other locations
23.	✓	Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-265.32	
24.	✓	Adequate water supply for fire control equipment-265.32(d)	
25.		Communication and emergency equipment tested and maintained-265.33	
26.		Facility operated and maintained to minimize possibility of emergency-265.31	
			appears so

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

27. Container inventory: ☐ Actual count ☐ Approximate count

Waste Type	Container Size	Total
various liquid	12 x 55 gal.	x 30 gal.
	x 55 gal.	x 30 gal.
	x 55 gal.	x 30 gal.
	x 55 gal.	x 30 gal.
	x 55 gal.	x 30 gal.
	x 55 gal.	x 30 gal.
	x 55 gal.	x 30 gal.

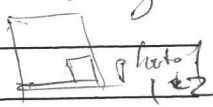
Total Quantity (pounds, gallons, etc.): 660 gallons

28. How were container volumes verified? tapped on sides

29. Photos taken to verify observations: ☒ YES ☐ NO Numbers: 1-2

30. Container management area location noted on map or diagram: ☐ YES ☐ NO

31. Notes Observations: fire alarm ~ 10 ft from nearest corner of storage area at door to outside storage area is ~ 24 x 33



$$1.2 \text{ spgs. } (12)(55 \text{ gal}) = 660 \text{ gal}$$

N

L. RCRA AIR EMISSIONS - SUBPARTS AA, BB and CC

1. Is this facility a LQG ____ Interim Status TSD ____ or Permitted TSD ____ If NOT, do not continue with the RCRA Air Emissions checklists.
2. Location of records: _____
3. Person responsible for records: _____

Assessing RCRA Air Emission Requirements (Subparts AA, BB and CC) commonly applicable:

#	✓/ x	REGULATORY REQUIREMENT	MANIFEST #'s AND COMMENTS
1.		<u>Subpart AA</u> - 264/5.1030 Does the facility have any hazardous waste management unit using the following processes: distillation, fractionation, thin-film evaporation, solvent extraction, air stripping and steam stripping? If NO, then proceed to the Subpart BB checklist. If YES, refer to specific Subpart AA questions in Appendix 2-3.	no
2.		<u>SUBPART BB</u> regulated equipment - 264/5.1050 Does the facility have any valves, flanges, or pumps that contain or contact hazardous wastes with > than 10 % organics?	no
a.		Does the facility have any compressors, pressure relief devices, sampling connection systems, flanged pipe open-ended valve or line that contain or contact hazardous wastes with > than 10 % organics?	
b.		Is the facility claiming the < 300 hours exemption?	
3.		If any of the answers to questions to 2 (a), (b) or (c) above is Yes, does the facility have a list of each piece of equipment that is subject to Subpart BB. (facility should have a list in their operating record, ask for copy) - 264/5.1064(g).	
a.		If the answer to questions 2(a) or 2(b) is No, does the facility have information or documentation to support its determination (obtain a copy of this documentation for EPA).	
4.		Has this equipment been marked as required by the Subpart BB Regulations? - 264/5.1050(g)	
5.		Has the facility implemented a LDAR program? - 264/5.1064	
6.		See Appendix 2-3 for more specific Subpart BB questions.	
7.		<u>SUBPART CC</u> - 264/5.1080 Are there any units at the facility subject to the CC Rule?	no spent solvent generated to date, this location, 2nd St.
a.		If the answer to 7(a) is No, what is the reason? Refer to 40 CFR 265.1080(b) (264.1080(b) exceptions or 265.1083(c) (264.1082(c)) exemptions, or the general exclusions in 265.1(g) (264.1(g)).	
b.		If the answer is Yes, refer to Appendix 2-3 for more specific Subpart CC questions.	

Appendix 1-10

EXIT BRIEFING

1. Reviewed all data collected and documented all concerns or violations? ☒ Yes ☐ No

- Location of the violation, type and amount of waste involved, time frame, frequency, specific dates & when first started occurred
- Illegal units - unit location (diagram/picture), dimensions, conditions, construction material, gradient of the base (for spills), other information.
- Illegal disposal - how, when (each occurrence), where sent or disposed of, how shipped, who shipped, when shipped/disposed of, quantity

☒ Identified/verified violations from previous inspection were corrected (if applicable)

☒ Addressed all unresolved inspection related issues

☒ Summarized findings and observations for the facility representatives

NOV issued? ☒ Yes ☐ No ☐ Violations clearly identified and explained, including: circumstances, location, and applicable regulations

☒ Explained the importance of a timely (14 day) and adequate response

☒ Explained that findings and observations are based on your current knowledge of RCRA and that the final findings may differ

☒ Explained that compliance officer will make the final compliance decisions and that all compliance questions should be directed toward them

☒ Explained that recommendations provided are for informational purposes only and DO NOT require specific actions by the facility

☒ Provided facility with CBI form

☒ Prepared Document Receipt form

3. Specific information requested from facility? ☐ Yes ☒ No

4. Facility appears to have awareness of RCRA regulations ☒ Yes ☐ No

5. Facility has its own environmental staff? ☒ Yes ☐ No

6. Facility has copy of applicable regulations? ☒ Yes ☐ No

7. Attitude and demeanor of facility representative(s): ☒ OK ☐ Not OK _____

8. Notes/Observations: _____

PHOTO LOG

Facility Name / City: Tri Rinse, Incorporated
St. Louis, Missouri

Facility ID #: MOR000505958

Date : November 7, 2007

Photographer: David N. Whiting

Type of Camera: Canon Power Shot G5, Serial #: 6924106034

Digital Recording Media: Flashcard

All digital photos were copied by: David N. Whiting on 11/23/07

All digital photos were copied to: CD-R

Original copy is stored in: CD-R. Digital photos were downloaded to CD-R by David N. Whiting. No changes were made in the original image files prior to storage on the CD-R.

Report Photo #	Photographer	Date	Approx. Time	File Name (IMG_XXX.jpg)	Description
1	David N. Whiting	11/07/07	2:30 pm	0482.jpg	Container storage area. Drums of hazardous waste in storage. Aisle space is inadequate.
2	David N. Whiting	11/07/07	2:30 pm	0483.jpg	Same drums seen in Photo #1.

Photo 1 Container storage area, drums of hazardous waste; inadequate aisle space.



Photo 2 Same drums seen in Photo 1.